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ABSTRACT

This monograph contains 13 selected conference papers on teaching children with behavior disorders. The first section focuses on emotional/behavioral disorders eligibility and placement issues, and contains the following five papers: "Defining Behavior Disorder and Determining Eligibility for Special Education Services: Interrelated but Separate Processes--Keynote Paper" (Herbert C. Quay); "Legal Issues in Exclusion: Academics and Behavior in SED Eligibility" (Russ Skiba and others); "Meeting the Challenge of Students with Conduct Disorders" (Nancy L. Arllen and others); "The Utility of the School Social Behavior Scales in Differentiating Students with Behavioral Disorders from Students with Other Disabilities" (Kenneth W. Merrell); and "Restrictive Educational Placement of Students with Emotional or Behavioral Disorders: What We Know and What We Need To Know" (James M. Kauffman and John Wills Lloyd). The second section focuses on social behavior and social skills. Papers are: "Social Behavior Identified through an Informant-Based Assessment Procedure: Normative Data across Age and Gender" (Gary M. Sasso and others); "Interviewing Middle School Students To Determine Problematic Social Tasks in School Settings" (Richard S. Neel and others); and "Social Behavior of Deaf and Hard of Hearing Children and Delinquency" (Joan M. Goodship and Timothy J. Landrum). The final section outlines best educational practices, in papers with the following titles and authors: "Former Emotionally/Behaviorally Disordered Students' Reflections on Best Educational Practices and Most Helpful Educators" (Mary Frances Schneider and Susan Ireland); "Students and Parents Discuss Timeout: A Preliminary Analysis of Group Interview Data" (Gordon Wrobel and Frank H. Wood); "Consultation and the Communication Process: Research, Best Practices, and Students with Behavioral Disorders" (Stephen P. Safran and Joan S. Safran); "The Culturally Sensitive Disciplinarian" (Thomas McIntyre); and "Challenges to Generalization in Adults with Severe Disabilities" (Belva Collins and others). (JDD)

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Severe Behavior Disorders of Children and Youth

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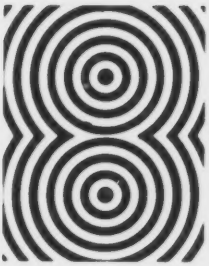

Severe Behavior Disorders of Children and Youth

Robert B. Rutherford, Jr.
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Contents

PREFACE v

EMOTIONAL/BEHAVIORAL DISORDERS ELIGIBILITY AND PLACEMENT ISSUES

Defining Behavior Disorder and Determining Eligibility for Special Education Services: Interrelated but Separate Processes — Keynote Paper 1
Herbert C. Quay

Legal Issues in Exclusion: Academics and Behavior in SED Eligibility 5
Russ Skiba, Kathleen E. Hugo, and Mitchell Yell

Meeting the Challenge of Students with Conduct Disorders 18
Nancy L. Arllen, Robert A. Gable, James M. Kauffman, and John W. Lloyd

The Utility of the School Social Behavior Scales in Differentiating Students with Behavioral Disorders from Students with Other Disabilities 27
Kenneth W. Merrell

Restrictive Educational Placement of Students with Emotional or Behavioral Disorders: What We Know and What We Need to Know 35
James M. Kauffman and John Wills Lloyd

SOCIAL BEHAVIOR/SOCIAL SKILLS

Social Behavior Identified Through an Informant-Based Assessment Procedure: Normative Data Across Age and Gender 44
Gary M. Sasso, Jo M. Hendrickson, Nancy A. Mundschenk, Mohsen Shokoohi-Yekta, Laura Kelly, and Lee Ann Plagmann

Interviewing Midde School Students to Determine Problematic Social Tasks in School Settings 57
Richard S. Neel, Douglas Cheney, Nancy Meadows, and Susan Gelhar

Social Behavior of Deaf and Hard of Hearing Children and Delinquency 68
Joan M. Goodship and Timothy J. Landrum

BEST EDUCATIONAL PRACTICES FOR STUDENTS WITH EMOTIONAL/BEHAVIORAL DISORDERS

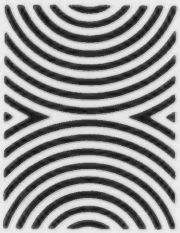
Former Emotionally/Behaviorally Disordered Students' Reflections on Best Educational Practices and Most Helpful Educators 76
Mary Frances Schneider and Susan Ireland

Students and Parents Discuss Timeout: A Preliminary Analysis of Group Interview Data 88
Gordon Wrobel and Frank H. Wood

Consultation and the Communication Process: Research, Best Practices, and Students with Behavioral Disorders 98
Stephen P. Safran and Joan S. Safran

The Culturally Sensitive Disciplinarian 107
Thomas McIntyre

Challenges to Generalization in Adults with Severe Disabilities 116
Belva Collins, C. Michael Nelson, and Colleen Ryall



Preface

The Council for Children with Behavioral Disorders has published the *Monograph in Behavioral Disorders: Severe Behavior Disorders of Children and Youth* series since 1978. In this series, 218 research and practice papers focusing on children and youth with emotional and behavioral disorders have been published. Volume 15 represents a collection of selected papers originally presented at the 15th annual conference of Teacher Educators for Children with Behavior Disorders held in Tempe, Arizona in November 1991. The focus of the papers in Volume 15 is on EBD Eligibility and Placement Issues, Social Behavior/Social Skills, and Best Educational Practices with EBD students.

The Editors wish to thank the Consulting Editors of *Behavioral Disorders* for their thoughtful reviews of the papers submitted for publication consideration and the members of the CCBD Publications and Executive Committees for their continuing support of the *Monographs in Behavioral Disorders*.

Robert B. Rutherford, Jr.
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Defining Behavior Disorder and Determining Eligibility for Special Education Services: Interrelated but Separate Processes

Herbert C. Quay

Current problems with and widespread dissatisfaction in regard to both federal and various state definitions of *serious emotional disturbance* (SED) have been well documented. A major finding that suggests problems in the interpretation of the SED definition is that of widely varying prevalence rates of children being served from state to state. There is also the failure of the prevalence rate of those being served to approach estimated prevalence rates of SED in the schoolage population (Hallahan, Keller, & Ball, 1986).

There are also data indicating that, within states, school districts identify varying rates of children as SED and that these differences in rates cannot be accounted for by urban-rural differences or by obvious differences in the availability of resources (Florida Department of Education, 1987-1988 School Year Data, EH and SED students as a percentage of all students).

Furthermore, there is a problem in that the educational definition of SED does not correspond at all well to what the field of mental health considers childhood and adolescent behavioral disorders to be. That is, education and mental health use different taxonomies (classification systems) to describe children being served by both systems.

It is the author's opinion that this unenviable state of affairs is due to the fact that current federal and state definitions of SED comingle and confuse the issues of what are behavioral disorders (taxonomy) and what are the criteria by which a behaviorally disordered child becomes eligible for special educational services.

An analogy may serve to clarify this point. In the physical sciences the periodic table of the elements sets out what the elements are and those essential properties that differentiate each element from the others. Thus, the periodic table is a taxonomy of elements. The physical scientist may *choose* to research hydrogen or oxygen but nothing in the taxonomy compels any choice. The taxonomy exists because it is based on observable phenomenon, but the use to which it may be put is not inherent in the taxonomy itself.

Consider the federal definition of SED:

(i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance.

(A) An inability to learn which cannot be explained by intellectual, sensory, or health factors;

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

(C) Inappropriate types of behavior or feelings under normal circumstances;

(D) A general pervasive mood of unhappiness or depression; or

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) The term includes children who are schizophrenic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.

The first characteristic (A) is one which has absolutely nothing to do with defining a behavior disorder per se, while the last four are characteristics which attempt to define disorder(s). Thus, the current federal definition attempts to set forth a (very limited) taxonomy of disorder at the same time that it specifies a criteria for eligibility for special education services.

If we uncouple the taxonomy of disorders from the criteria for eligibility, then, the *process* of determining eligibility for services becomes, unequivocally, a two-stage one. According to whatever taxonomy of disorders is adopted, the first question becomes: Does this child have any emotional-behavioral disorder? If the answer is no, go no further. If yes, then the second question is whether or not the disorder is interfering with this child's ability to learn in regular education. If not, the child's disorder should be attended to, but not by special education. If the disorder is interfering, then comes the process of providing the most appropriate special education (and allied) services for that child. To reiterate: being determined to have a disorder *does not* automatically qualify the child for special education services.

Despite this two-stage process, the taxonomy that is adopted will have important implications for who will be served. Even if a child has a disorder, if that disorder is not in the *special education* taxonomy, the child will not be further examined for eligibility for special education services. We are, of course, in the midst of exactly such a situation now. Depending upon how one interprets current federal/state definitions, children with conduct disorders are or are not eligible, irrespective of their inability to learn in regular education. It is likely that this difference in interpretation and/or policy underlies many of the observed prevalence differences that are such a cause for concern.

While the author's position, to be expanded upon later, is that a diagnosis of conduct disorder should not preclude moving to stage two, when we separate taxonomy from eligibility, decisions can be made to include or exclude any disorder from a special education taxonomy up front and out in the open, and hopefully for good reasons.

What taxonomy should be adopted? It seems most reasonable to adopt a taxonomy that (a) covers the range of known childhood and adolescent disorders; (b) provides operational criteria for those disorders it encompasses, thus making for reliability of diagnosis; (c) has implications for the management (if not the actual teaching of academics) of different disorders; and (d) facilitates communication with other disciplines also dealing with the same children.

It is unlikely that education will, or should, try to develop a taxonomy that would be reliable and valid. This is a task that has occupied both clinicians and empirical researchers for at least 40 years with an increasing, but not yet perfect, degree of concordance between the two approaches as exemplified in the current psychiatric classification system (Quay, 1986). There is also no evidence that there are psychopathological disorders that are either exclusive to the school (except perhaps school phobia) or that occur in the home or community, but not in the school.

Thus, there is no reason *not* to adopt the extant DSM, or some parts of it, as *the* taxonomy for behavior disorders and to agree that the presence of one or more of these disorders is the first step and *first step only* in determining eligibility for special educational services.

A contrary view has been put forward by Forness and Kavale (1989) who have argued against the borrowing from another discipline, that is, adopting DSM III-R on the basis of data showing that psychiatric diagnoses do not relate to school needs. According to these authors, such data include (a) the failure to find psychoeducational test differences among children with different psychiatric diagnoses in terms of IQ, subtest scatter, or levels of underachievement in either reading or math; and (b) the failure to find differences among psychiatric diagnostic groups in terms of levels of current special education placement from mainstreamed to completely segregated classrooms.

These data should, in fact, come as no surprise. DSM III-R is a taxonomy of psychopathological disorders and the operational criteria defining these disorders rarely, if ever, include academic achievement, IQ subtest scatter, or other criteria relevant to educational placement. However, the lack of concordance with educationally relevant variables in no way diminishes the value of DSM III-R as a taxonomy of psychopathological disorder per se.

What these data do suggest is that the decision as to whether or not a child has a behavioral or psychopathological disorder (i.e., a diagnosis) and the decision as to whether or not a child is in need of special education services should be separated. In fact, the data necessary for the diagnosis of disorder and the data necessary for determining the need for educational services may overlap very little.

If the extant DSM (soon to be DSM IV) is adopted as the taxonomy, there are a number of options that may be considered. The first, and broadest, is to declare that a student has a qualifying disorder when s/he is diagnosed as having any DSM disorder by a duly qualified person (Permitting qualified non-school personnel to make the diagnosis of a disorder will allow school personnel to spend more time on the educational assessment and the planning of the most appropriate interventions.) Then it must be determined that the presence of this disorder is adversely effecting the student's ability to profit from regular education or is adversely effecting the ability of others to so profit. When and if this determination is made, an appropriate intervention can be decided upon. In general, this intervention is based upon the type of disorder, the nature of the interference of the disorder with the regular instructional program, the extent of this interference, and the co-occurrence (if any) of other educational handicaps.

There are a number of effects of this option. As noted earlier, disorder per se is defined in the same way as it is defined by the mental health system so that communication and joint planning will be enhanced. Furthermore, there is no longer an issue as to whether or not any disorder is or is not an "emotional" handicap. There remains no need for the artificial and unreliable distinction between EH/ED and SED.

It is most important to reiterate that being diagnosed as having a disorder does *not* automatically qualify a student for special education services. This determination remains clearly within education. However, services will not be denied solely on the basis of not having the "right" disorder. This option will, obviously, result in more children found in need of special education services as eligibility cannot be ruled out by the presence of a "nonqualifying" disorder.

Other options involve ruling out *certain* DSM disorders as not qualifying, irrespective of the possible interference of the disorder with the student's (and others') ability to profit from regular education. Were the conduct disorders ruled out there would clearly be less demand for services but there would be an unserved group of children for whom alternative interventions would be required. However, the ruling-out procedure would be done in a uniform way and with knowledge of its effects.

The option of ruling out conduct disorder (especially the undersocialized aggressive type) has, from the author's perspective, considerable downside risk. First and foremost, it would eliminate the possibility of intensive special education services for the type of disorder that is most prevalent, has (with the exception of psychosis) the poorest prognosis, and will eventually extract the greatest social cost. This option may also cause the problem of co-morbidity to be ignored, thus denying possible eligibility to students with other types of disorders that are not ruled out. (For a very recent demonstration of the considerable extent of co-morbidity in a sample of SED children, see Pullis, 1991.)

REFERENCES

Forness, S. R., & Kavale, K. A. (1989). Identification and diagnostic issues in special education: A status report for child psychiatrists. *Child Psychiatry and Human Development, 19*, 279-301.

Hallahan, D. P., Keller, C. E., & Ball, P. W. (1986). A comparison of prevalence rate variability from state to state for each of the categories of special education. *Remedial and Special Education, 7*, 8-14.

Pullis, M. (1991). Practical considerations of excluding conduct disordered students: An empirical analysis. *Behavioral Disorders, 17*, 9-22.

Quay, H. C. (1986). Classification. In H. C. Quay & J. S. Werry (Eds.), *Psychopathological disorders of childhood* (3rd ed., pp. 1-34). New York: Wiley.

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Legal Issues in Exclusion: Academics and Behavior in SED Eligibility

Russ Skiba, Kathleen E. Hugo, and Mitchell Yell

ABSTRACT

Controversy continues concerning the type of student who should be deemed eligible for service under the provisions of the federal definition of serious emotional disturbance. This article analyzes two provisions of the federal definition, the "adverse effect on educational performance" clause and the social maladjustment exclusionary clause, that have been used to exclude students from eligibility as seriously emotionally disturbed. In the area of academics, analysis of extant case law can be used to build a case for a broad interpretation of education that goes well beyond academic performance. Not as well developed, case law regarding the social maladjustment exclusion is more difficult to interpret but indicates that the issues are considerably more complex than advocates of exclusion suggest. Principles of law are drawn from the analysis, and contradictions inherent in current case law are discussed.

The federal definition of serious emotional disturbance (SED) comprises a list of characteristics that a student must exhibit to be eligible for service in that category. The definition has been the subject of continuing controversy in a number of areas. The term *seriously emotionally disturbed* has been criticized as stigmatizing, focusing on internal states rather than observable behaviors (Algozzine, Schmid, & Mercer, 1981; CCBD, 1987). Problems in the operationalization of the federal criteria have made assessment problematic (Gresham, 1985; Skiba & Grizzle, 1991). Although Public Law 94-142 reflected the intent of Congress to find and serve all children with handicaps, underservice remains a serious problem for students handicapped by emotions or behavior (Kauffman, 1989; Long, 1983; Smith, Wood, & Grimes, 1988).

Despite continuing underservice, a variety of exclusions have been used to restrict eligibility for SED programs. While the definition upon which the federal definition is based (Bower, 1960) contained the five criteria and the proviso that they exist to a marked degree and over a period of time, Kauffman (1989) has noted that the federal definition added three features; each has been the subject of some controversy. These include the term *seriously* (Bower, 1982), the educational performance clause (Cline, 1990), and the social maladjustment exclusion (Maag & Howell, 1992; Nelson, Rutherford, Center, & Walker, 1991). Given these controversies, it seems inevitable that disputes over the meaning of the definition would find their way into the legal system. The purpose of this article is to review some of the decisions of courts that have issued rulings pertaining to the adverse effects and the social maladjustment clauses, in order to better identify legal trends and issues in those areas.

WHAT CONSTITUTES EDUCATIONAL PERFORMANCE?

The adverse effects clause ("which adversely effects educational performance") is a part of the definition of each disability category in the Individuals with Disabilities Education Act (IDEA). The clause has been called a pro forma statement, a formality included in each category to indicate the educational nature of the IDEA (Kauffman, 1989). However, in the case of the SED category, recent interpretations of that clause (Slenkovich, 1983) have made it increasingly controversial (Cline, 1990).

For students with behavioral disorders, the critical question revolves around the nature of educational performance. Does eligibility hinge on the report card, or is the ability to participate adequately in social interactions outside the traditional classroom to be considered as well? Is a student who exhibits the necessary characteristics of SED, but who is receiving passing grades, eligible for special education services? Such questions suggest that in order to understand educational performance, education itself must be defined.

Defining Education

Neither the IDEA nor the regulations implementing the law define education. In the absence of such guidance, a definition to guide eligibility decision making must be formulated through case law, tradition, and professional opinion.

There appear to be two approaches to defining educational performance. The narrow view regards education as simply the academic curriculum. According to this view, *adverse effect* is subsequently defined and measured in terms of success in the academic curriculum (i.e., grades on the report card). An example of that approach is put forth by Slenkovich (1983) who equates education strictly with the academic portion of school, stating "nowhere [in PL 94-142] is 'education' defined to include other than academic instruction" (p. 15). Slenkovich asserts that the only benchmark by which educational performance (and thus eligibility for services) can be considered is academic performance in regular education.

In contrast to this interpretation is an alternative, broad view of education. *Black's Law Dictionary* (Black, 1979) states that education

> Comprehends not merely the instruction received at school or college, but the whole course of training: moral, religious, vocational, intellectual, and physical. Education may be particularly directed to either the mental, moral, or physical powers and faculties, but in its broadest and best sense it relates to them all. Acquisition of all knowledge tending to train and develop the individual. (p. 461)

This definition suggests that education is more than academics. For students with emotional/behavioral disorders, it indicates that "adverse effect on educational performance" should be more than scholastic achievement.

To derive a meaning of the term *education*, the following sections will review case law pertaining to both general and special education, as well as examining directives from the Office of Special Education, U.S. Office of Education.

General Education

In America, the job of providing general public education has always been the responsibility of the states; it is provisions in state constitutions and state laws that mandate public education for children (Levine & Wexler, 1981). These

mandates commonly include activities that are well outside the realm of academics. Public schools have been recognized as vital civic institutions, necessary for the transmission of community values (*Board of Education, Island Trees Union Free School District No. 26 v. Pico*, 1982), and vitally important "in the preparation of individuals for participation as citizens," and as a means of "inculcating fundamental values necessary to the maintenance of a democratic political system" (*Ambach v. Norwick*, 1979).

The broad view of education is exemplified by the landmark *Brown v. Board of Education* (1954). In *Brown*, the U.S. Supreme Court referred to education as the "principle instrument in awakening the child to cultural values, in preparing him for later professional training, and in helping him to adjust normally to his environment." This view of education clearly implies more than academics and grades on a report card.

Extracurricular activities. The existence of extracurricular activities in school offer support for an inclusive definition of education. Interscholastic athletics, student government, social functions, service clubs, band, and many other activities are not part of the required academic curriculum but have been deemed to be an integral part of education (*Kelley v. Metropolitan Board of Education*, 1968; *State ex rel. Bartmess v. Board of Trustees*, 1986). In *Davis v. Meek* (1972), the local board of education had adopted a policy which stated that married pupils were allowed to attend school but not participate in school-sponsored extracurricular activities. The court remarked, "high school pupils ... learn more in school than just the formal scholastic subjects," and held that "extracurricular activities are, in the best modern thinking, an integral and complementary part of the total school program" (p. 301).

Special Education Law

Rulings concerning extracurricular activities in general education suggest a view of education that includes a range of competencies that goes well beyond academics. Similarly, regulations implementing the IDEA provide for the education of children with disabilities in a variety of extra-academic areas including (a) counseling and psychological services, (b) recreation programs, (c) leisure education, (d) artistic and cultural programs, (e) art, music, and dance therapy, (f) individual and group games and sports, and (g) vocational education. Clearly the educational experiences envisioned by the IDEA are designed to develop the student with disabilities in many areas, not merely in academics.

This view that the education of students with disabilities goes beyond academics was reinforced by the U.S. Supreme Court in *Board of Education v. Rowley* (1982). [Although Slenkovich (1983) cites the Supreme Court decision in *Rowley* as evidence that the court intended the use of grades and advancement as an important educational standard, Cline (1990) argues that the fact that Amy Rowley was already receiving substantial special instruction means that the case does not "lend credence to a policy that equates educational performance with academic achievement, willy nilly, for exclusionary purposes" (p. 163).] In the *Rowley* decision, the court states that where one child may be able to acquire academic skills, another may have difficulty in attaining basic self-maintenance skills. Thus, special education provided to a child with disabilities and the benefits of it will differ dramatically from child to child.

In that regard, the courts have recognized that some children with disabilities require educational goals in areas other than academic progress. In *Timothy W.*

v. New Hampshire (1989), the U.S. First Circuit Court of Appeals held that "education under the Act encompasses a wide spectrum of training, and for the severely handicapped it may include the most elemental of life skills" (p. 970). The court relied on an extensive judicial history of broad definitions of "education" in order that a child with severe disabilities must be provided an education containing *no* academics. In cases dealing with the rights of children with severe handicaps, education has been defined to include a variety of services including basic self-help and social skills (*Battle v. Commonwealth of Pennsylvania*, 1980), functional skills (*Campbell v. Talladega County Board of Education*, 1981), physical therapy (*Polk v. Central Susquehanna Intermediate Unit No. 16*, 1988), and psychological services (*Max M. v. Illinois State Board of Education*, 1986). In *Polk*, the court noted that the fact that a child with severe disabilities "may never achieve the goals set in a traditional classroom does not undermine the fact that his brand of education (training in basic life skills) is an essential part of [the Act's] mandate."

A District Court in Texas recognized the importance of the social aspects of education in *Espino v. Besteiro* (1981). Raul Besteiro was a 7-year-old student who had suffered damage to his sympathetic nervous system resulting in an inability to control his body temperature. He required a temperature controlled environment of between 68 and 78 degrees Fahrenheit. To accommodate his special needs while maintaining him in a general education classroom, school officials had obtained a portable 5 ft x 5 ft plexiglass cubicle equipped with an air-conditioning unit to maintain an appropriate temperature. Despite the fact that he spent most of his class time in the cubicle during the warmer months, Raul was an extraordinary student who had earned all As, and who interacted well with classmates when he had the opportunity. Nevertheless, the court found that placement in the cubicle effectively isolated Raul from social interaction and recreational activities, and thereby deprived him of a full educational opportunity. The court remarked, "Full social interaction is an important part of today's educational curriculum and is even more vital to a child like Raul who necessarily suffers a certain degree of isolation as a result of his handicap" (p. 913). Thus, the Espino decision indicates a judicial concept of education that goes beyond academics to include social interaction.

Students with Serious Emotional Disturbance

It might be said that students with emotional and behavioral disorders suffer "a certain degree of isolation" as a result of their handicap, and that social interaction is therefore a vital part of the curriculum. Cline (1990) cited decisions by hearing officers and district courts (*In re: Appeal of R.M.*, 1983; *In re: Kristopher H.*, 1985; *In the matter of Long Beach Unified School District*, 1984; *Lapides v. Coto*, 1988) to argue that, for students with SED, "educational performance" must be interpreted as more than simply academic success or failure. The hearing officer in *In re: Kristopher H.* (1985) remarked that "educational performance is not limited to school work but includes all forms of human experience" (p. 184).

In *Cornwall Central School District Board of Education* (1991) a 14-year-old student exhibited depression, suicidal tendencies, and violent behavior, yet continued to make academic progress in his grade-level curricula. The school district, concluding that this progress indicated no adverse impact on educational performance, ruled him ineligible for services; a hearing officer agreed. The parents appealed to the state review officer who noted that, "While the child had

not reached the point of failing a significant number of courses by the time he was hospitalized, it is not necessary that he do so in order to be classified as emotionally disturbed" (p. 1026). *In re: Burton Valley School District* (1982) involved a 13-1/2-year-old boy with a severe conduct disorder and a depressive disorder. Despite a long history of aggression and hospitalization, the school district ruled him ineligible for SED service due to grade level performance in all academic areas. The hearing officer found that federal regulations specified a more general concept of educational performance which "includes more than the acquisition of basic skills" (p. 258). Since federal regulations supersede local ones, the hearing officer ruled the boy eligible for service under the SED category.

Governmental Policy

Appendix C to Part B of the Education of the Handicapped Act (EHA-B) clearly states that statements of educational performance must "describe the effect of the child's handicap on the child's performance in any area of education that is affected. . .including academic areas. . .and nonacademic areas." Policy letters disseminated by the Office of Special Education Programs (OSEP) are consistent with that regulation. In 1980, OSEP, responding to a request for an interpretation of "educational performance" as used in PL 94-142, stated, "There is strong support in the Act and regulations for a broad construction of the term.... The meaning of 'educational performance' cannot be limited to showing of discrepancies in age/grade performance in academic subject-matter areas" (*DAS Bulletin No. 66*, 1980). In addressing a similar request for an operational definition of "educational performance" 10 years later, OSEP's response was unchanged: "A child's educational performance must be determined on an individual basis and should include nonacademic as well as academic areas" (Schrag, 1990).

Summary and Conclusions

Judicial and governmental rulings, regulations, and statements indicate that, in both general and special education, education has been viewed as more than inclusive of academics, to include extracurricular activities, social interaction, functional skills, and psychological services. Case law from as early as 1887 demonstrates that education in general has an extensive history of legal interpretation as a "broad and comprehensive term" (Bergdorf, 1980). Just as the court in *Espino v. Besteiro* (1981) ruled that even an excellent student needed social interaction for a full educational opportunity, so the trend of hearing decisions in the area of SED suggests that "educational performance" must be interpreted as including not only scores on academic measures but behavior and social interaction as well.

THE SOCIAL MALADJUSTMENT EXCLUSION

The social maladjustment exclusionary clause was added to Bower's (1960) definition of emotional disturbance in the mid-1960s in an apparent attempt to restrict service to adjudicated juvenile delinquents (Cline, 1990). The clause has been an object of controversy almost since the passage of PL 94-142 (Kauffman, 1980; Raiser & Van Nagel, 1980). Recent interpretations of the clause as excluding children with conduct disorders (Kelly, 1990; Slenkovich, 1983) have

intensified the controversy (Cline, 1990; CCBD, 1990; Maag & Howell, 1992; Skiba & Grizzle, 1991, 1992; Slenkovich, 1992; Weinberg & Weinberg, 1990).

In order to assess the status of case law in this area, a computer search was completed on the *Westlaw* database, using the term *social maladjustment* (SM) in either federal or state court decisions. The search, supplemented by a review of recent policy articles in this area, went back to 1977, the year of implementation of PL 94-142. Of the citations that resulted, six were directly relevant to the issue of the social maladjustment exclusion of the SED definition. Although case law in this area is obviously not yet well-developed, the trends and issues raised by those cases are of some interest, given the controversy currently surrounding the topic.

Cases Before 1985

The first case after the implementation of PL 94-142 relevant to the issue of service to children with conduct and behavior problems was *New Jersey ex rel. F. M., Juvenile* (1979). In that case, the court ruled that the mere fact of adjudication did not preclude special education services as seriously emotionally disturbed:

> Nor may a thorough education be precluded by virtue of the fact that the child is either handicapped, imprisoned, or otherwise involuntarily placed in a facility outside of the normal school environment. (p. 579)

That a juvenile delinquent could be classified as seriously emotionally disturbed is not necessarily surprising; in fact, there appears to be a higher than normal incidence of serious emotional disturbance among incarcerated youth (Nelson et al., 1991). Clearly, the court saw no contradiction between adjudicated juvenile delinquency and serious emotional disturbance when it found the district liable for the juvenile's tuition at a privately owned school for children with emotional disturbance.

As noted above, the primary issue of *In re: Burton Valley School District* (1982) revolved around educational performance, yet the ruling is also relevant to the social maladjustment clause. The petitioner, a 13-1/2-year-old student diagnosed with both a severe conduct disorder (undersocialized aggressive) and a depressive disorder, was reported to demonstrate a high degree of aggression towards both peers and property. The hearing officer noted that, although the student went for long periods without displaying disruptive behaviors, his occasional outbursts would eventually result in suspension. The hearing officer concluded:

> Petitioner needs special services in order to learn to control his behavior to a sufficient degree to enable him to remain in a classroom. It is self-evident that the inability to be present in a classroom adversely affects one's educational performance. (p. 258)

The decision clearly affirms that conduct disorder, no matter how severe, can adversely affect educational performance, and thus qualify for SED service.

The third ruling that appears to support provision of service to disruptive or conduct disordered children is *Lavon M. v. Turlington* (1984). The case involved a class action suit filed by six students challenging the validity of a Florida statute which authorizes district school boards to establish "educational alternative programs" for students who are "disruptive, unsuccessful, or disinterested in the regular school environment." The complaint alleged that such alternative programs were other than the least restrictive environment, harmful and ineffec-

tive, and disproportionately Black, and that inadequate assessment procedures constituted a denial of due process rights guaranteed by PL 94-142. In a motion for summary judgment, the plaintiffs argued that Florida's definition of disruptive students and the federal definition of SED "so overlap that it is impossible for a student to be classified as disruptive without also meeting the federal criteria" (Memorandum in Support of Motion for Partial Summary Judgment and Declaratory Relief, p. 3). The case was settled out of court in favor of the plaintiffs with the court ruling that assessment procedures were indeed inadequate, and that the program had some "discriminatory effect" on Black students. As part of the settlement, the Florida statute establishing alternative programs for disruptive students was rewritten to include due process provisions for disruptive classes.

These rulings are consistent with historical precedent showing that children with conduct and behavioral disorders have always been served in special education (Hewett & Forness, 1977). An extensive narrative in *Lora v. Board of Education of City of New York* (1978) documents that "special schools of opportunity for behavior problem boys" were available as early as 1934. Until the middle to late 1960s, the term often used to describe this population was 'emotionally disturbed and socially maladjusted'." So it is not surprising that these early rulings failed to make a distinction between SED and SM.

Cases Since 1985

Predictions that the social maladjustment clause would cause difficulty (Kauffman, 1980; Neel & Rutherford, 1981; Raiser & Van Nagel, 1980) began to be realized in the early 1980s as support for a new interpretation of the clause began to emerge. Slenkovich (1983) argued that the social maladjustment exclusion in the federal definition of SED "specifically prohibits" providing service to children with conduct and oppositional disorders. Difficulties in the logic and data of this positive have been pointed out extensively elsewhere (Benson, Edwards, White, & Rosell, 1986; Center, 1989; Cline, 1990; Skiba & Grizzle, 1992; Weinberg & Weinberg, 1990), but regardless of its merit, the position has been widely influential in practice, and may have had a hand in shaping some recent legal opinion.

Of the three more recent opinions in this area, one provides little or no guidance concerning the social maladjustment exclusion. *Doe v. Board of Education of the State of Connecticut* (1990) involves the case of a boy described as a behavior problem and later hospitalized for what his parents described as a "depressed and violent condition." Although the Federal District Court affirmed the hearing decision denying service, the case is hardly relevant to the social maladjustment controversy: Connecticut law defines the category as "socially and emotionally maladjusted." Thus, the decision denying SED eligibility was made solely on the basis of severity, not conduct disorder or social maladjustment.

Another recent case, *Doe v. Sequoia Union High School District* (1987) is more ambiguous in interpretation. In that case, a Federal District Court ruled a high school girl, a substance abuser with a "punk" lifestyle who was often truant, ineligible for SED service under federal and California state definitions. The extent to which the ruling supports a definition of social maladjustment as conduct disorders is unclear. In one sense, the ruling is not a test of the social maladjustment exclusionary clause since the student did not qualify as seriously emotionally disturbed under any of the five criteria of the federal definition. In such a case, the

social maladjustment exclusionary clause becomes irrelevant (Skiba & Grizzle, 1991). Yet the court did attend to the exclusionary clause in ruling:

> Student who demonstrates perpetual struggle with authority and violation of societal norms, along with low toleration for frustration, impulsivity, and manipulation and whose academic problems are due to truancy and substance abuse is socially maladjusted. (p. 133)

The reasoning here may reflect a concern with one of the salient issues in the social maladjustment debate, the problem of intention.

The ruling that appears to reflect most radically the conduct disorders exclusionary perspective is *A. E. Evans v. Independent School District No. 25 of Adair County, OK* (1991). In this case, the 10th Circuit Court of Appeals ruled a conduct disordered child ineligible for SED service under the social maladjustment exclusion. But the particulars of the case bear closer scrutiny. While in school, the plaintiff "experienced problems with peer interaction, impulse control, and excessive anxiety," and was suspended for a variety of behaviors including theft, fighting, and class disruptions. A. E. was already being served as learning disabled. When it was determined by the case conference committee that these behaviors were not related to her primary disability — learning disabilities — and that she could be suspended, she attempted suicide by cutting herself on the arm with a broken bottle. The treating psychologist at the psychiatric hospital to which she was admitted made a dual diagnosis of conduct disorder and borderline personality disorder and recommended eventual placement in a class for SED students. Yet the court appeared to be the most swayed by a psychologist testifying for the school district; the psychologist argued that the presence of conduct disorder made the girl ineligible under the social maladjustment clause despite a concurrent diagnosis of a "related emotional disturbance." Thus, the court denied SED service to a child diagnosed as borderline personality disorder who had difficulty relating to peers, who had problems with impulsivity and anxiety, and who was clearly at-risk for suicide, simply because that child was also eligible for a diagnosis of conduct disorder. Whether other courts will find precedential value in such logic remains to be seen.

Issues in Current Case Law

The previous section has dealt primarily with case law and administrative hearings concerning the exclusion of students with conduct disorders from special education. It is important that educators exercise caution in interpreting case law and hearing decisions.

Rulings of administrative law judges or hearing officers are often misinterpreted by educators. A hearing is a proceeding in which a hearing officer weighs evidence for the purpose of determining facts and making a decision. These decisions do have authority and, unless appealed, are final determinations. Hearing decisions reflect legal interpretations that other courts may choose to attend to, yet they do not establish law and carry little or no precedential value.

It is also important to bear in mind that the rulings of all courts are not of equal legal importance. Decisions made in courts are binding only upon lower courts in their jurisdiction. Only the U.S. Supreme Court's rulings are binding on all courts. Although educators may have a tendency to regard case law (especially cases from the U.S. Circuit Court of Appeals) as if it were binding nationally, decisions such as *A. E. Evans* (10th Circuit) are only binding in that circuit (i.e., Colorado, Kansas, New Mexico, Oklahoma, Utah, and Wyoming).

Certainly, case law in this area is not as yet highly developed, and firm precedents (i.e., the tendency of courts to recognize previously decided cases as authoritative in future cases involving similar matters) are hardly established. Even when precedents are established, they are not inviolate rules and courts are not therefore bound to follow them. It is clear, however, that the arguments favoring exclusion have had an effect in some recent opinions. Looking across the cases, a number of issues appear to surface.

1. *Severity of the Condition.* One dimension that may be a determining factor is the described severity of the behavior. When a student's behavioral and emotional problems are not highly disruptive, there seems to be an overall reticence to serve, regardless of whether the definition includes (*Doe v. Connecticut*, 1990) or excludes (*A. E. Evans*, 1991) social maladjustment. On the other hand, when the behaviors are described as severe, these may be sufficient to override exclusionary provisions (*In re: Burton Valley*, 1982).

2. *The Problem of Intent.* Kelly (1990) has argued that socially maladjusted students can be differentiated from those who are seriously emotionally disturbed by their intent to commit antisocial acts. The issue of intent appears to be relevant in *Doe v. Sequoia Union* (1987) in the court's finding that the defendant's behaviors were due, not to an emotional disturbance, but to a "perpetual struggle with authority." Yet the difficulty presented by using intent to determine eligibility is enormous. There appear to be no technically adequate measures available that tap this construct (Skiba & Grizzle, 1991) and it is difficult to see how the construct could be operationalized.

3. *The Importance of Expert Witnesses.* The principle of judicial reliance on expert judgment has been well-established in special education cases. In *Board of Education v. Rowley* (1982), the U.S. Supreme Court cited the testimony of experts numerous times, and stated that "courts lack the specialized knowledge and experience necessary to resolve persistent and difficult questions of educational policy." In both *Doe V. Sequoia Union* (1987) and *A. E. Evans* (1991), the decision of the court referred specifically to psychologists who served as expert witnesses for the defendants. Likewise in *Lavon M. V. Turlington* (1984), the opinion of expert witnesses, who argued that there was a great deal of overlap between social maladjustment or disruption and serious emotional disturbance, appeared to have an important effect on the final outcome of the case.

4. *The Problem of Logic.* The illogic of excluding the same type of students in the exclusionary clause that are included in the definition has been widely noted (Bower, 1982; CCBD, 1990; Center, 1989). Under an interpretation that equates conduct disorders with social maladjustment (Slenkovich, 1983), characteristics that clearly make one eligible for inclusion ("inability to build or maintain satisfactory relationships," "inappropriate types of feelings or behavior") can at the same time exclude one from eligibility since they may be viewed as signs of a conduct disorder. This problem of logic caused the testimony of a psychologist testifying for the school district to be challenged in the appeal of *A. E. Evans* (1991). A footnote in *A. E. Evans* contains the testimony, under redirect, of the psychologist in the District Court proceedings:

> Q. When you say that because she's socially maladjusted that she doesn't get — that she's excluded from the law, I take it that where (sic) talking about is that part of the regulation, of the federal regulation there which is under Roman Numeral II; am I correct?

A. Yes, sir.
Q. Okay. Let me read that to you and ask you if, in fact, that doesn't leave [A.E.] covered by the act. "The term does not include children who are socially maladjusted unless it is determined that they are seriously emotionally disturbed." Okay? Correct?
A. That's a correct reading of this, yes.
Q. All right. Now, have you not just told me that his girl is seriously socially maladjusted and seriously emotionally disturbed?
A. I was not speaking of seriously emotionally disturbed as it is used in this sentence.

. . . . .

Q. Right. Now you're giving it a different twist, though, when you switch over to the law?
A. Right. Because seriously emotionally disturbed is in quotations and means something different than you and I were talking about.

Until such issues of logic are clarified, it is probably best to assume, as Zirkel (1992) has noted, that students who meet any of the five criteria under the law as SED are eligible for service regardless of their status as socially maladjusted or conduct disordered.

SUMMARY AND CONCLUSIONS

The purpose of this article has been to review some of the legal issues in academic and behavioral exclusions for SED eligibility. On the issue of educational performance, there is ample precedent in case law contradicting assertions that educational performance is to be defined solely as "the academic portion of education" (Slenkovich, 1985, p. 15). In decisions reached in general education, service to special education populations, and hearing decisions regarding students with serious emotional disturbance, education has typically been defined broadly to include activities and skills that go well beyond academic functioning. Although case law pertaining to the social maladjustment exclusion is not as well developed, there are a number of rulings that contradict the position that all students with conduct or behavioral disorders are automatically excluded under the provision (Kelly, 1990; Slenkovich, 1983). Court and hearing decisions have ruled disruptive, severely conduct disordered, and even adjudicated juvenile delinquents eligible for service as SED. In general, careful legal analyses (Cline, 1990: Zirkel, 1992) refute a simplistic exclusionary position that would automatically deny service to students with conduct disorders.

At the same time, however, some recent rulings suggest a more conservative direction. At least one district court decision (*Doe v. Board of Education of Connecticut*, 1990) used standards (grades, achievement test results) that are primarily academic in nature in denying eligibility to a student who may have otherwise met the criteria for SED service. Similarly, at least one recent decision in the area of social maladjustment has taken a position that seems at odds with mainstream opinion. In *A. E. Evans* (1991), the court ruled that a student with social maladjustment was not eligible for service under the state or federal definition, even though the student was diagnosed as concurrently meeting some of the criteria of emotional disturbance. It is as yet unclear whether future court decisions will be swayed by this particular ruling, or by the larger body of evidence and opinion suggesting that students with conduct disorders remain eligible as

SED if they meet any of the five SED criteria (Zirkel, 1992).

This ambiguity in case law may hold interesting implications in light of recent discussion concerning the appropriate level for discourse and policy initiative concerning definitional issues. Maag and Howell (1992) use a model derived from Rueda (1989) to identify three levels of systems change: *systems maintenance, system improvement,* and *system restructuring.* They argue that attention in the exclusionary policy debate should be focused primarily at the macrolevel of system restructuring, seeking to understand cultural and organizational factors that encourage the exclusion of socially disruptive students.

Findings from case law in this area would appear more supportive of the position of those (Cline & Rock, 1992; Forness, 1992) who argue for efforts at a variety of levels, especially definitional. Despite the absence of extensive precedent in the area of social maladjustment, courts may look to the exclusionary position in *A. E. Evans* (1991) for guidance since it issued from a circuit court. If a precedent excluding conduct problem children from service as SED were to be established, the only avenue remaining that could ensure continued service for students with externalizing disorders would be definitional. Seen in this light, current efforts to establish a new federal definition more reflective of current professional opinion (Forness & Knitzer, 1992) are clearly a high priority for the field.

Yet definition and assessment in the field of emotional and behavioral disorders continue to be fraught with contradiction. Despite the fact that SED exhibits the most extreme underservice of any exceptionality (Forness, 1992), efforts to exclude students from the category may even be accelerating in some states. Despite the fact that the primary concerns in identifying this population have to do with social or classroom behavior (Gresham, 1985), students are excluded from eligibility on the basis of academics. Despite the lack of consensus on a definition of the term *social maladjustment,* and no technically adequate measures specifically validated for the purpose of assessing the condition (Skiba & Grizzle, 1991), over two-thirds of the states contain that exclusion in the SED definition.

Such contradictions probably signal a strong fear of serving children with conduct and behavior problems. Regardless of the reasons for that fear, it underscores the need for efforts at the level of social and political change (Maag & Howell, 1992). Unless and until the fears associated with service to students with severe behavior problems are addressed through training and system restructuring, attempts to exclude those children will continue, regardless of the definition used. In the long term, the most effective way to decrease the number of exclusionary cases of the type reported here may be to increase confidence at the local level by improving the effectiveness of district programs serving children with emotional and behavioral problems.

REFERENCES

A. E. Evans v. Independent School District No. 25 of Adair County, OK, 936 F.2d 472 (10th Cir. 1991).

Algozzine, R., Schmid, R., & Mercer, C. D. (1981). *Childhood behavior disorders: Applied research and educational practice.* Rockville, MD: Aspen.

Ambach v. Norwick, 441 U.S. 68, 76-77, 99 S.Ct. 1589, 60 L.Ed. 2d 49 (1979).

Battle v. Commonwealth of Pennsylvania, 629 F.2d 269 (3rd Cir. 1980).

Benson, D., Edwards, L., White, M., & Rosell, J. (1986). Inclusion of socially maladjusted children and youth in the legal definition of the behaviorally disordered population: A debate. *Behavioral Disorders, 11,* 213-222.

Bergdorf, R. (Ed.). (1980). *The legal rights of handicapped persons*. Baltimore: Paul Brookes.

Black, H. C. (1979). *Black's law dictionary* (5th ed.). Saint Paul, MN: West.

Board of Education, Island Trees Union Free School District No. 26 v. Pico, 102 S.Ct. 2799 (1982).

Board of Education v. Rowley, 458 U.S. 176 (1982).

Bower, E. M. (1960). *Early identification of emotionally disturbed children in school*. Springfield, IL: Thomas.

Bower, E. M. (1982). Defining emotional disturbance: Public policy and research. *Psychology in the Schools, 19*, 55-60.

Brown v. Board of Education, 347 U.S. 483, 75 S.Ct. 686 (1954).

Campbell v. Talladega County Board of Education, 518 F.Supp. 47, 55 (N.D. Ala. 1981).

Center, D. B. (1989). Social maladjustment: An interpretation. *Behavioral Disorders, 15*, 141-148.

Cline, D. H. (1990). Interpretations of emotional disturbance and social maladjustment as policy problems: A legal analysis of initiatives to exclude handicapped/disruptive students from special education. *Behavioral Disorders, 15*, 159-173.

Cline, D., & Rock, S. L. (1992). Organization analysis and social maladjustment. *Remedial and Special Education, 13*, 63-66.

Cornwall Central School District Board of Education, 17 EHLR 1023 (1991).

Council for Children with Behavioral Disorders. (1987). Position paper on definition and identification of students with behavioral disorders. *Behavioral Disorders, 13*, 9-19.

Council for Children with Behavioral Disorders. (1990). Position paper on the provision of service to children with conduct disorders. *Behavioral Disorders, 15*, 180-189.

DAS Bulletin No. 66, 1978-1980 EHLR 211:202 (1980).

Davis v. Meek, 344 F.Supp. 298 (N.D. Ohio 1972).

Doe v. Board of Education of the State of Connecticut, 753 F.Supp. 65 (D. Conn. 1990).

Doe v. Sequoia Union High School District, 1987-1988 EHLR Dec. 559:133 (N.D. Cal. 1987).

Espino v. Besteiro, 520 F.Supp. 905 (S.D. Tex. 1981).

Forness, S. R. (1992). Broadening the cultural organizational perspective in exclusion of youth with social maladjustment. *Remedial and Special Education, 13*, 55-59.

Forness, S. R., & Knitzer, J. (1992). A new proposed definition and terminology to replace "serious emotional disturbance" in Individuals with Disabilities Education Act. *School Psychology Review, 21*, 12-20.

Gresham, F. M. (1985). Behavior disorder assessment: Conceptual, definitional, and practical considerations. *School Psychology Review, 14*, 495-509.

Hewett, F. M., & Forness, S. R. (1977). *Education of exceptional learners* (2nd ed.). Boston: Allyn & Bacon.

In re: Appeal of R.M., 1983-1984 EHLR 505:139 (1983).

In re: Burton Valley School District, 3 EHLR 503:256 (1982).

In re: Kristopher , 1985-1986 EHLR Dec. 507:183 (1985).

In the matter of Long Beach Unified School District, 1984-1985 EHLR Dec. 506:274 (1984).

Kauffman, J. M. (1980). Where special education for disturbed children is going: A personal view. *Exceptional Children, 46*, 522-527.

Kauffman, J. M. (1989). *Characteristics of behavior disorders in children and youth* (4th ed.). Columbus, OH: Merrill.

Kelley v. Metropolitan Board of Education, 293 F.Supp. 485 (M.D. Tenn. 1968).

Kelly, E. J. (1990). *The differential test of conduct and emotional problems*. Aurora: Slosson.

Lapides v. Coto, 1987-1988 EHLR Dec. 559:387 (1988).

Lavon M. v. Turlington, 81-6044-Civ-CA (S.D. Fla. 1984).

Levine, E. L., & Wexler, E. M. (1981). *P.L. 94-142: An act of Congress*. New York: Macmillan.

Long, K. A. (1983). Emotionally disturbed children as the underdetected and underserved public school population: Reasons and recommendations. *Behavioral Disorders, 9,* 46-54.

Lora v. Board of Education of City of New York, 456 F.Supp. 1211 (E.D. N.Y. 1978).

Maag, J. W., & Howell, K. W. (1992). Special education and the exclusion of youth with social maladjustments: A cultural-organizational perspective. *Remedial and Special Education, 13,* 47-54.

Max M. v. Illinois State Board of Education, 629 F.Supp. 1504 (N.D. Ill. 1986).

Neel, R. S., & Rutherford, R. B., Jr. (1981). Exclusion of the socially maladjusted from services under PL 94-142. In F. H. Wood (Ed.), *Perspectives for a new decade: Education's responsibility for seriously disturbed and behaviorally disordered children and youth* (pp. 79-84). Reston, VA: The Council for Exceptional Children.

Nelson, C. M., Rutherford, R. B., Jr., Center, D. B., & Walker, J. M. (1991). Do public schools have an obligation to serve troubled children and youth? *Exceptional Children, 57,* 406-415.

New Jersey *ex. rel.* F.M. Juvenile, 400 A.2d 576 (N.J. Juv.Ct. 1979).

Polk v. Central Susquehanna Intermediate Unit No. 16, 853 F.2d 171 (3rd Cir. 1988).

Raiser, L., & Van Nagel, C. V. (1980). The loophole in Public Law 94-142. *Exceptional Children, 46,* 516-520.

Rueda, R. (1989). Defining mild disabilities with language-minority students. *Exceptional Children, 56,* 121-128.

Schrag, J. A. (1990). *Lybarger letter.* [Available from U.S. Office of Special Education Programs, Washington, DC.]

Skiba, R., & Grizzle, K. (1991). The social maladjustment exclusion: Issues of definition and assessment. *School Psychology Review, 20,* 577-595.

Skiba, R., & Grizzle, K. (1992). Qualific[illegible]ons versus logic and data: Excluding conduct disorders from the SED definition. *School Psychology Review, 21,* 23-28.

Slenkovich, J. E. (1983). *PL 94-142 as applied to DSM III diagnoses: An analysis of DSM III diagnoses vis-a-vis special education law.* Cupertino, CA: Kinghorn.

Slenkovich, J. E. (1992). Can the language "social adjustment" in the SED definition be ignored? *School Psychology Review, 21,* 21-22.

Smith, C. R., Wood, F. H., & Grimes, J. (1988). Issues in the identification and placement of behaviorally disordered students. In M. C. Wang, M. C. Reynolds, & H. J. Walberg (Eds.), *Handbook of special education: Vol. 2. Research and practice* (pp. 95-124). Oxford, England: Pergamon.

State *ex rel.* Bartmess v. Board of Trustees, 726 P.2d 801 (Mont. 1986).

Timothy W. v. New Hampshire, 875 F.2d 954 (1st Cir. 1989).

Weinberg, L. A., & Weinberg, C. (1990). Seriously emotionally disturbed or socially maladjusted? A critique of interpretations. *Behavioral Disorders, 15,* 149-158.

Zirkel, P. A. (1992). Mutuality, mountains, and molehills. *School Psychology Review, 21,* 40-42.

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Meeting the Challenge of Students with Conduct Disorders

Nancy L. Arllen, Robert A. Gable, James M. Kauffman, and John W. Lloyd

Accumulated evidence reveals that many normally developing children and youth engage in assorted acts of aggression, but in time most replace bouts of aggression with more positive social initiations (Kauffman, 1989; Kazdin, 1987). However, others do not, and this is especially true of children whose episodes of extreme aggressive behavior begin early and constitute a large segment of their behavioral repertoire (Patterson, 1986).

Although these individuals have been given various labels, the most common designation is *conduct disorder*. Other problems commonly associated with conduct disorders include truancy, noncompliance, and disregard for authority in the schools (Bullock, Zagar, Donahue, & Pelton, 1985); and, lying, stealing, and aggression in schools, home, and community (e.g., Kazdin, 1991). Accordingly, students with conduct disorders pose an enormous challenge to our system of public education.

The purpose of this article is to gain perspective on the complex issue of conduct disorders by looking critically at factors that relate to both its origin and treatment. First, we examine the nature of conduct disorders and discuss distinguishing characteristics of the syndrome. Second, we examine issues that relate to definition and delivery of services. Third, we focus on major person-environmental factors that may be causally-related to conduct disorders, and explore obstacles to implementing educational best practices, along with promising programs for dealing with these problems. Last, we offer some thoughts on emerging approaches to successful treatment.

Who Has Conduct Disorders?

According to Kazdin (1987), the term *conduct disorders* refers to an enduring pattern of antisocial behavior that mars day-to-day functioning and is considered by significant others to be intractable. To some degree, behavior that is exhibited by students with conduct disorders mirrors that of most children at some time over the course of normal development. Even so, authorities agree that the higher rate and persistence of noxious behavior serve as an important measure of conduct disorders (Kauffman, 1989). Available data indicate an overall prevalence in the range of 4 to 10% (e.g., Kazdin, 1987; Offord, Adler, & Boyle, 1986; Rutter, Tizzard, & Whitmore, 1970) and the existence of conduct disorders across widely varying cultures (Quay 1986a). Conduct disorders is the most prevalent childhood disorder, making up one-third to one-half or more of all cases (Quay, 1986b; Rizzo & Zabel, 1988). Finally, conduct disorders involves a predominance of males (Robins, 1986), with the ratio of male to female students being about 3 to 1 (Rutter et al., 1970).

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Behavioral Manifestations of Conduct Disorders

Ongoing disruptive acts of overt aggression have been linked consistently with conduct disorders (Quay, 1986b; Rizzo & Zabel, 1988). Of the numerous explanations of the origin of aggression, the strongest empirical support comes from social learning theorists (e.g., Bandura) and behavioral psychologists (e.g., Patterson; see Hallahan & Kauffman, 1991). Bandura's work has emphasized the social context of aggressiveness (Wicks-Nelson & Israel, 1991) learned through observation and imitation of aggressive models (e.g., peers, the media, parents — especially those who use physical punishment; Coleman, 1992). This is consistent with the fact that conduct disorders have been shown to be stable not only within individuals and families (e.g., Huesman, Eron, Lefkowitz, & Walder, 1984; Robins, 1966) but also across generations (Kazdin, 1987). Research by Loeber (1982) into the temporal stability of behavior that coincides with the diagnosis of conduct disorders suggests that children who initially display high rates of antisocial behavior are more likely to persist at higher levels than those who display lower original rates. Further, antisocial behavior that occurs in diverse settings may be manifest by a greater variety of acts, may begin at an earlier age, and is more likely to persist over time (Loeber, 1982).

Both similarities and differences exist in the two major subcategories of conduct disorders — socialized and undersocialized syndromes (cf. Kauffman, 1989; Quay, 1986b). Both groups of youngsters exhibit antisocial behavior (Kauffman, 1989; Loeber & Schmaling, 1985b; Rizzo & Zabel, 1988), aggressiveness (Quay, 1986b; Rizzo & Zabel, 1988), and noncompliance (Patterson, 1982). In a meta-analysis of 28 factor- and cluster-analytic studies, Loeber and Schmaling (1985b) sought to uncover possible patterns in antisocial behavior. Preliminary findings suggested two broad bands: (a) overt or "confrontive" behavior (e.g., fighting, arguing, and temper tantrums); and (b) covert or "clandestine" acts (e.g., stealing, fire-setting, truancy, lying, and drug or alcohol use). Others work suggests that the undersocialized aggressive youngster is prone to more overt acts of aggression with more encompassing and empirically well-defined symptoms (Quay, 1986b), accompanied by noxious behavior that occurs at a rate twice that of normally-developing children (Kauffman, 1989).

Although both socialized and undersocialized sides of conduct disorders share some common attributes, the former primarily involves activities within a group context (e.g., gang membership, group delinquent activities, antisocial activities in a peer context), along with strong peer loyalties (Quay, 1986b). Behavior typical of that exhibited by socialized conduct disordered youth includes lying, stealing, truancy, fire setting, and vandalism. According to Kauffman (1989), these acts generally are performed clandestinely and less frequently than the negative behavior associated with the undersocialized syndrome. In addition, some youth exhibit behavior characterized by both overt and covert forms of the disorder (i.e., mixed or versatile antisocial behavior; Kauffman, 1989). Those with mixed antisocial behavior usually have experienced more severe family dysfunction and face a poorer long-term prognosis (Kazdin, 1987; Loeber & Schmaling, 1985a; Robins 1966). Although the outlook for the undersocialized form is generally more pernicious than its socialized counterpart, the mixed form of conduct disorders often is linked to most serious outcomes. The severity, prevalence, and negative affects leave little question that all forms of conduct disorders pose a serious risk to students' socialization, education, future employment, and overall life adjustment.

Ecological Considerations/Educational Implications

Accumulated literature documents the complex and interrelated nature of human behavior and environmental forces (e.g., Evans, Evans, Gable, & Schmid, 1991). From such a view, person-environment relationships are recognized as the foundation upon which behavior rests (e.g., Evans & Evans, 1986; Hobbs, 1982). Over time, much has been written about environmental factors that affect development of troublesome behavior (Dishion, 1990; Kauffman, 1989; Kazdin, 1991; Robins, 1966). Some authors argue that causes of behavior are rarely direct but rather specific acts result from various complex, intertwined ecological factors (e.g., Gable, Iwans, Tonelson, Evans, & Evans, 1989; Lloyd, Kauffman, & Kupersmidt, 1990). With this in mind, major elements of the ecosystem — namely, the family, peer group, and school — seem especially significant to our understanding of conduct disorders.

The Family and Conduct Disorders

It is commonly accepted that the family represents the primary socialization agent from whom the child receives (or is denied) reinforcement that serves to promote self-regulation, cognitive, and social skills (Snyder & Huntley, 1990). Further, from birth, each child evidences a personal temperament that interacts with the family environment (Wicks-Nelson & Israel, 1991). One view of reciprocal parent-child interactions that take place is an interactional-transactional perspective in which parents and the child are involved in an interactive exchange (Kauffman, 1989). Although a complete understanding of the role of temperament is lacking, there is some indication that a difficult temperament early in childhood escalates the child's risk of later antisocial behavior (Kazdin, 1987). Kauffman (1989), in discussing the temporal and sequential nature of parent-child interactions, noted that a difficult infant may evoke negative adult responses (e.g., irritability, contrary mood, a tendency to ignore or punish the child). An ongoing, mutually antagonistic infant-parent interaction may increase the probability that the child will later exhibit undesirable and inappropriate behavior (Kauffman, 1989).

Sarason, Levine, Basham, and Sarason (1983) underscored the long-term impact of the family on child behavior, asserting that there is a positive correlation between an early, supportive family environment, an absence of psychiatric disorders, and later positive adult adjustment. In contrast, Patterson (1986) investigated maladaptive, nonsupportive family environments which he identified as a "coercive family process." Patterson found that some parents reinforce unintentionally their children's noncompliant and aggressive behavior and, failing to punish effectively ordinary coercive behaviors, likely establish a medium for sequential training in aggression (Patterson, 1986). Further, Olweus (1980) utilized path analysis to test a causal model and examine factors involved in the development of male aggressive reaction patterns. Preliminary results showed that maternal indifference and permissiveness for aggression have the greatest causal impact. Olweus' findings suggest that permissive parents manifest generally lax child-rearing attitudes that are deficient of clear behavioral limits. In all, numerous factors appear to contribute to family stress: socioeconomic disadvantage and marital discord (Snyder & Huntley, 1990), substance abuse (Dishion, Patterson, & Reid, 1985), and chronic stress (Wilson, 1980). These and other conditions likely fuel dissonant parent-child interactions.

Peers and Conduct Disorders

A better understanding of troubled youngsters' peer problems may be gained by looking at behavioral adjustment and the youth's social network (Dishion, 1990). Indeed, peer interactions represent a powerful ecological force which has been linked to problems of children and youth. Data suggest that youngsters gain greater peer acceptance when their behavior is reflective of group norms (Kauffman, 1989). Yet peer social networks of adolescents with behavioral disorders are smaller than those of normal adolescents, suggesting they may have a diminished capacity to develop positive interpersonal relationships with many agemates (e.g., Barone, Leone, & Trickett, 1988; Gable et al., 1989). Further, among youngsters with conduct disorders, the socialized aggressive student more often displays antisocial behavior in a group setting. Repeated episodes of antisocial behavior create a "spoiled identity" which inhibits the development of normal peer relationships (Gable et al., 1989). Available evidence suggests that maladaptive peer relationships provide a social milieu in which aberrant behavior can be modeled, practiced, and perhaps reinforced and strengthened by deviant, antisocial peers (Dishion, 1990).

A major force behind peer rejection is the initiation of behaviors by some students that breach group norms (Kauffman, 1989). Aggressive children engage in hostile, antisocial, and unprovoked attacks in a variety of settings and concomitantly perceive hostility in circumstances where such perceptions are not shared by normal peers (Dodge & Somberg, 1987; Quay, 1986b). All children need peer relationships for behavioral development (Kauffman, 1989); however, the loathsome behavior of students with conduct disorders make peer rejection and social isolation a common occurrence. Furthermore, students with conduct disorders are more likely to interpret ambiguous actions as threatening, increasing the likelihood of a response that is both inappropriate and aggressive (Dodge, 1980). Once such a negative cycle of behavior begins, the probability increases for repeated episodes of normal peer rejection (Kauffman, 1989) which lead to long-term adjustment problems (Dishion, 1990).

The School and Conduct Disorders

Next to the family, the school probably provides the most significant socializing influence. Failure within school is associated with various deleterious consequences including depressed academic achievement and serious behavior problems (Kauffman, 1989). Kazdin (1991) posited that a number of school-related factors increase the risk of antisocial behavior (e.g., limited emphasis on academics, inconsistent teacher expectancies). Ineffective methods, inappropriate standards, and inconsistent behavior management strategies have also been identified as contributing to the lack of success in school (Gable, McConnell, & Nelson, 1985; Kauffman, 1989; Kerr & Nelson, 1989). Traditional classroom practices have failed to address adequately the complexity of student misbehavior (e.g., deficits in critical social or school survival skills, impact of ecological variables; Kerr & Nelson, 1989). Instead, they have generally reflected teacher concerns regarding manageability and contagion. Consequently, teacher responses to noncompliance have often involved the use of aversives with power struggles between students and teachers a common side-effect (Kerr & Nelson, 1989).

Obstacles to Achieving Best Treatment Practices

Although behavior management techniques of proven effectiveness do exist (Kerr & Nelson, 1989), obstacles within schools to their use in handling student misconduct are many and varied. Among those impediments are issues related to cost (Forness, 1988) and the lack of both public and professional understanding of what is involved in providing effective programs (The Peacock Hill Group, 1991). Both the cost and source of funding to sustain quality treatment affect successful programing for students with conduct disorders. Alternative programs that combine best practices for managing behavior with useful remediation have usually been short-lived because of their dependence on federal and state grants for funding (Kauffman, 1989). Although Congress mandated services to special education students, it did not provide sufficient funds for the escalating costs of sustaining quality special education (Wood et al., 1991).

Another obstacle to achieving best practices is the lack of understanding on the part of the public and many educators regarding effective programs for students with behavior problems (Algozzine, Ysseldyke, Kauffman, & Landrum, 1991). Many educators accept that students with emotional or behavioral disorders are capable of behaving in a more acceptable manner but purposefully choose to engage in aversive acts (The Peacock Hill Group, 1991). Based on that assumption, some educators elect to rely on the use of power, control, and punishing methods as programing events (e.g., persistent use of aversive consequences, negative teacher attention, suspension; Kerr & Nelson, 1989; The Peacock Hill Group, 1991).

Best Practices/Future Directions

Although there is disagreement regarding the most effective way to deal with conduct disordered and aggressive students (e.g., The Peacock Hill Group, 1991), some guidelines do exist. For example, Wood and his colleagues (1991) have stressed the significance of clear expectations along with mild to moderate punishment (e.g., timeout, seclusionary timeout, and physical restraint as a temporary control measure) for noncompliance and use of rewards for compliance in treating conduct disorders. In that seriously disordered youth may benefit from comprehensive treatment, packaged programs have been developed by some researchers (e.g., University of Oregon) — programs that have proven effective with conduct disordered and socially withdrawn youngsters of all ages (The Peacock Hill Group, 1991).

For instance, CLASS (Contingencies for Learning Academic and Social Skills) utilized cost-effective service delivery and personnel training procedures (teacher-consultant training; Hops et al., 1978) to provide regular primary classroom teachers with practical, timely instruction in behavior change procedures. Teachers instructed in procedures for coping with acting-out students reported consistently high levels of satisfaction with their use (Hops et al., 1978). Two other comprehensive behavior management programs — Reprograming Environmental Contingencies for Effective Social Skills (RECESS; Walker et al., 1978) and Program for Academic Survival Skills (PASS; Greenwood, Hops, & Walker, 1977) — have been shown to have a positive influence on the antisocial behavior of primary-aged students. Lastly, Goldstein and Glick's (1987) Aggression Replacement Training (ART) is a comprehensive intervention program designed to habilitate older aggressive youth (adjudicated teen offenders) by teaching academic and socially appropriate behaviors not previously in the

student's repertoire. Strategies for instilling these abilities include modeling, role-play, performance feedback, and transfer-of-learning.

As can be seen, a modest number of programs have been shown to produce positive effects with antisocial students. Common features include cost-effectiveness (money and time), quality personnel training, availability of teacher-consultants, comprehensive treatment approaches designed to address problems of generalization across multiple settings, and the introduction of effective contingencies within settings. However, the most critical factor may be the realization that disordered behavior is a product of the student's ecosystem and that sustained environmental support — perhaps life-long for some — may be required to maintain gains achieved during treatment programs (Wolf, Braukmann, & Ramp, 1987).

CONCLUSION

Authorities project dramatic increases in many problem areas (e.g., drug use, inadequate schooling, peer group and family dysfunction, intergenerational transmission; Kauffman, 1989; The Peacock Hill Group, 1991) that relate to conduct disorders and likely will produce a significant increase in overt and covert maladaptive behavior. Because of these sobering projections, it is important to recognize that some promising treatment options for dealing with antisocial behavior of children and youth do exist (Kazdin, 1991). Even so, we believe that in order to develop more powerful educational programs for conduct disordered students, we must acknowledge that many conventional behavior control techniques are ineffective or counterproductive for this population.

Second, successful education of students with conduct disorders cannot be limited to behavior management alone. Drawing upon the work of Kazdin (1987), Evans, Evans, Gable, and Schmid (1991), Morgan and Jenson (1988), Kerr and Nelson (1989), and The Peacock Hill Group (1991), at least six important treatment practices can be delineated. They include: (a) use of databased instruction, (b) commitment to maintaining interventions as needed over time, (c) programing for learning (so skills and knowledge gained may be functionally used and adapted over time and setting), (d) considering the total ecology in treatment and matching treatment intensity to problem severity, (e) providing adequate practice, and (f) providing multi-component treatment to address the complex nature of the presenting problems. Elements of successful "package programs" for treating antisocial youth include modeling, role-play, emphasis on social skills training, an initially controlled environment, and the effective use of contingencies (often group-oriented).

Finally, there is mounting recognition that to provide quality treatment to emotionally/behaviorally disordered students, coordination probably is needed between various involved agencies (e.g., health, social services, education, legal services; Forness, 1988). To be successful, these coordinated efforts will need to take into account all areas in which the dysfunctional behavior occurs (i.e., family or home, school, peer interactions; Kazdin, 1991; Wolf et al., 1987).

In all, to achieve a sustained level of effective treatment of conduct disorders, more consideration must be given to teacher preparation, the quality of program implementation, and necessary financial expenditures for programs along with provision of a continuum of service delivery options in which programs reflect the nature of the presenting problems. Further, given the magnitude and complexity of the task, interdisciplinary planning and ongoing profes-

sional coordination seems essential. In light of work that suggests a possible increase over time in conduct disordered behavior (Robins, 1986), special emphasis must be placed on intensive, early identification — before behavior patterns become intractable (Coleman, 1992; Loeber, 1982). At the same time, further research on early identification and multidisciplinary collaboration, as well as greater ecobehavioral analysis and treatment options is sorely needed (The Peacock Hill Group, 1991). Only then can we begin to meet the needs of students with conduct disorders.

REFERENCES

Algozzine, B., Ysseldyke, J. E., Kauffman, J. M., & Landrum, T. J. (1991). Implications of school reform in the 1990s for teachers of students with behavior problems. *Preventing School Failure, 36*, 6-10.

Barone, C., Leone, P. E., & Trickett, E. J. (1988). Social networks of behaviorally disordered adolescents and their nonhandicapped peers: A preliminary investigation. In R. B. Rutherford, Jr., & J. W. Maag (Eds.), *Bases of severe behavioral disorders of children and youth* (Vol. 11, pp. 119-130). Austin, TX: Pro-Ed.

Bullock, L. M., Zagar, E. L., Donahue, C. A., & Pelton, G. B. (1985). Teacher's perceptions of behaviorally disordered students in a variety of settings. *Exceptional Children, 52*, 123-130.

Coleman, M. C. (1992). *Behavior disorders: Theory and practice* (2nd ed.). Boston: Allyn & Bacon.

Dishion, T. J. (1990). Peer context of troublesome behavior. In P. Leone (Ed.), *Understanding troubled and troubling youth* (pp. 128-153). Newbury Park, CA: Sage.

Dishion, T. J., Patterson, G. R., & Reid, J. B. (1985). *Parenting practices in the etiology of child drug use: Implications for treatment and prevention.* Paper presented to the NIDA Technical Review Committee on Adolescent Drug Abuse: Analysis of Treatment and Research, Washington, DC.

Dodge, K. A. (1980). Social cognition and children's aggressive behaviors. *Child Development, 51*, 162-170.

Dodge, K. A., & Somberg, D. R. (1987). Hostile attributional biases among aggressive boys are exacerbated under conditions of threat to the self. *Child Development, 58*, 213-224.

Evans, S. S., & Evans, W. H. (1986). A perspective on assessment. *The Pointer, 30*, 9-12.

Evans, W. H., Evans, S. S., Gable, R. A., & Schmid, R. E. (1991). *Instructional management.* Boston: Allyn & Bacon.

Forness, S. (1988). Planning for the needs of children with serious emotional disturbance: The national special education and mental health coalition. *Behavioral Disorders, 13*, 127-139.

Gable, R. A., Iwans, G. E., Tonelson, S. W., Evans, W. H., & Evans, S. S. (1989). An investigation of social networks of behavior disordered and normal adolescents: Implications for prevention and intervention. In S. Braaten, R. B. Rutherford, Jr., T. F. Reilly, & S. A. DiGangi (Eds.), *Programming for adolescents with behavior disorders* (Vol. 4, pp. 27-40). Reston, VA: Council for Children with Behavioral Disorders.

Gable, R. A., McConnell, S., & Nelson, C. M. (1985). The "learning-to-fail" phenomenon as an obstacle to mainstreaming children with behavior disorders. In R. B. Rutherford, Jr. & C. M. Nelson (Eds.), *Severe Behavior Disorders of Children and Youth* (Vol. 8, pp. 19-26). Reston, VA: Council for Children with Behavioral Disorders.

Goldstein, A. P., & Glick, B. (1987). *Aggression replacement training: A comprehensive intervention for aggressive youth.* Champaign, IL: Research Press.

Greenwood, C. R., Hops, H., & Walker, H. M. (1977). The program for academic survival skills (PASS). *Journal of School Psychology, 15*, 25-35.

Hallahan, D. P., & Kauffman, J. M. (1991). *Exceptional children: Introduction to special*

education (5th ed.). Englewood Cliffs, NJ: Prentice-Hall.
Hobbs, N. (1982). *The troubled and troubling child.* San Francisco: Jossey-Bass.
Hops, H., Walker, H. M., Fleischman, D. H., Nagoshi, J. T., Omura, R. T., Skinrud, K., & Taylor, J. (1978). CLASS: A standardized in-class program for acting-out children: II. Field test evaluations. *Journal of Educational Psychology, 70,* 636-644.
Huesman, L. R., Eron, L. D., Lefkowitz, M. M., & Walder, L. O. (1984). Stability of aggression over time and generations. *Developmental Psychology, 20,* 1120-1134.
Kauffman, J. M. (1989). *Characteristics of children's behavior disorders* (4th ed.). Columbus, OH: Merrill.
Kazdin, A. E. (1987). *Conduct disorders in childhood and adolescence.* Newbury Park, CA: Sage.
Kazdin, A. E. (1991). Aggressive behavior and conduct disorder. In T. R. Kratochwill & R. J. Morris (Eds.), *Practice of child therapy* (2nd ed., pp. 174-221). New York: Pergamon.
Kerr, M. M., & Nelson, C. M. (1989). *Strategies for managing behavior problems in the classroom* (2nd ed.). Columbus, OH: Merrill.
Lloyd, J. W., Kauffman, J. M., & Kupersmidt, J. B. (1990). Integration of students with behavior disorders in regular education environments. In K. Gadow (Ed.), *Advances in learning and behavioral disabilities* (Vol. 6). Greenwich, CT: JAI.
Loeber, R. (1982). The stability of antisocial and delinquent child behavior: A review. *Child Development, 53,* 1431-1446.
Loeber, R., & Schmaling, K. B. (1985a). The utility of differentiating between mixed and pure forms of antisocial child behavior. *Journal of Abnormal Child Psychology, 13,* 315-335.
Loeber, R., & Schmaling, K. B. (1985b). Empirical evidence for overt and covert patterns of antisocial conduct problems: A meta-analysis. *Journal of Abnormal Child Psychology, 13,* 337-353.
Morgan, D. P., & Jenson, W. R. (1988). *Teaching behaviorally disordered students: Preferred practices.* Columbus, OH: Merrill.
Nelson, C. M. (1981). Classroom management. In J. M. Kauffman & D. P. Hallahan (Eds.), *Handbook of special education.* Englewood Cliffs, NJ: Prentice-Hall.
Offord, D. R., Adler, R. J., & Boyle, M. H. (1986). Prevalence and sociodemographic correlates of conduct disorder. *American Journal of Social Psychiatry, 6,* 272-278.
Olweus, D. (1980). Familial and temperamental determinants of aggressive behavior in adolescent boys: A causal analysis. *Developmental Psychology, 16,* 644-660.
Patterson, G. R. (1982). *Coercive family process.* Eugene, OR: Castalia.
Patterson, G. R. (1986). Performance models for antisocial boys. *American Psychologist, 41,* 432-444.
The Peacock Hill Group. (1991). Problems and promises in special education and related services for children and youth with emotional or behavioral disorders. *Behavioral Disorders, 16,* 299-313.
Quay, H. C. (1986a). Classification. In H. Quay & J. Werry (Eds.), *Psychopathological disorders of childhood* (3rd ed., pp. 1-34). New York: Wiley.
Quay, H. C. (1986b). Conduct disorders. In H. Quay & J. Werry (Eds.), *Psychopathological disorders of childhood* (3rd ed., pp. 35-72). New York: Wiley.
Rizzo, J. V., & Zabel, R. H. (1988). *Educating children and adolescents with behavioral disorders.* Needham, MA: Allyn & Bacon.
Robins, L. N. (1966). *Deviant children grown up.* Baltimore, MD: Williams & Wilkins.
Robins, L. N. (1986). The consequences of conduct disorders in girls. In D. Olweus, J. Block, & M. Radke-Yarrow (Eds.), *Development of antisocial and prosocial behavior: Research, theories, and issues* (pp. 385-414). New York: Academic Press.
Rutter, M., Tizzard, J., & Whitmore, K. (Eds.). (1970). *Education, health, and behavior.* London: Longman.
Sarason, I. G., Levine, H. M., Basham, R. B., & Sarason, B. R. (1983). Assessing social support: The social support questionnaire. *Journal of Personality and Social Psy-*

chology, 44, 127-139.

Snyder, J., & Huntley, D. (1990). Troubled families and troubled youth: The development of antisocial behavior and depression in children. In P. E. Leone (Ed.), *Understanding troubled and troubling youth* (pp. 194-225). Newbury Park, CA: Sage.

Walker, H. M., Street, A., Garrett, B., Crossen, J., Hops, H., & Greenwood, C. R. (1978). *Reprogramming environmental contingencies for effective social skills (RECESS): Consultant's manual*. Eugene, OR: University of Oregon.

Wicks-Nelson, R., & Israel, A. C. (1991). *Behavior disorders of childhood*. Englewood Cliffs, NJ: Prentice-Hall.

Wilson, H. (1980). Parental supervision: A neglected aspect of delinquency. *British Journal of Criminology, 20*, 203-235.

Wood, F. H., Cheney, C. O., Cline, D. H., Sampson, K., Smith, C. R., & Guetzloe, E. C. (1991). *Conduct disorders and social maladjustments: Policies, politics, and programming*. Reston, VA: The Council for Exceptional Children.

Wolf, M. M., Braukmann, C. J., & Ramp, K. A. (1987). Serious delinquent behavior as part of a significantly handicapping condition: Cures and supportive environment. *Journal of Applied Behavior Analysis, 20*, 347-359.

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The Utility of the School Social Behavior Scales in Differentiating Students with Behavioral Disorders from Students with Other Disabilities

Kenneth W. Merrell

ABSTRACT

A major problem in conducting special education eligibility assessments of students suspected of having emotional or behavioral disorders is in accurately differentiating them from students with other disabilities. The literature on differential classification of students with disabilities based on social or behavioral assessment data is still unclear, with some studies showing few differences among groups, and other studies showing that students with emotional or behavioral disorders do, in many cases, have unique assessment characteristics. This article presents a study which utilized a new behavioral rating instrument for teachers, the School Social Behavior Scales, *to differentiate a group of students identified as having emotional or behavioral disorders from learning disabled and mentally retarded students. Significant differences were found between the social competence and problem behavior ratings of the emotionally or behaviorally disordered students and those of the other handicapped students, as well as between all three groups of students with disabilities and the instrument normative group.*

Over the past two decades, a large body of research literature has evolved indicating that students who receive special education services because of emotional or behavioral disorders are at significantly heightened risk for a variety of problems. Some of these problems include rejection by peers and related interpersonal difficulties (Hollinger, 1987; Sabornie, 1987), an extremely high dropout rate (U.S. Department of Education, 1990), a high probability of becoming involved in the criminal justice system (Jay & Padilla, 1987), and very poor prospects or potential for satisfying and stable employment following school (Neel, Meadows, Levine, & Edgar, 1988). Indeed, this discouraging evidence prompted a group of experts in the field to state that "perhaps no other category of special education currently presents more difficulties to school and related services personnel" (The Peacock Hill Working Group, 1991, p. 299).

Part of the difficulty in providing appropriate services to students with severe emotional and behavioral disorders begins with the assessment and classification process. One of the major obstacles in conducting special education eligibility assessments of students suspected of having emotional or behavioral disorders has been the problem of differential diagnosis, or adequately distinguishing these students from students with other disabilities. In discussing this issue, Kauffman (1989) stated that "behavior disorders probably occur more frequently in combination with other disabilities than alone. Defining

behavior disorders in a way that excludes other handicapping conditions, therefore, is unrealistic " (p. 21).

Empirical studies addressing the problem of obtaining assessment data that accurately discriminate between students with emotional or behavioral disorders and students with other disabilities have shown mixed results. Some studies have found that the social-behavioral characteristics of emotionally/behaviorally disturbed (EBD) students are not significantly different than those of learning disabled (LD) or mentally retarded (MR) students. Shortly after the implementation of the Education for all Handicapped Children Act, an article by Hallahan and Kauffman (1977) reviewed the research and conceptual literature in this area and argued that the three groups (LD, MR, EBD) have more behavioral similarities than differences, and that differentiating among the three groups has been difficult historically because "each has relied upon the others for some of its concepts" (p. 141). A study conducted by Gresham, Elliott, and Black (1987) supported this contention by showing that teachers' ratings of students' social skills in each of these groups were significantly poorer than teachers' ratings of regular education students, but the ratings of students in the three special education groups did not differ significantly.

Although there is some evidence supporting the notion that EBD students cannot be reliably differentiated from students with other disabilities by social-behavioral assessment data, other studies have shown results to the contrary. An investigation by Sabornie, Kauffman, Ellis, Marshall, and Elksnin (1987) assessed the bi-directional (acceptance by others and acceptance of others) and cross categorical (differences between categories) social status of LD, EBD, and regular education students using sociometric techniques. While both groups of special education students were rated differently than the nonhandicapped students, there were also differences between the EBD and LD students. Students in the EBD group received fewer ratings of social acceptance and more rejection ratings than did the LD students, indicating that the two groups could be discriminated on the basis of peer acceptance and rejection, with the EBD students eliciting less favorable responses from their nonhandicapped peers.

An investigation by Merrell, Merz, Johnson, and Ring (1992) attempted to differentiate among the three special education groups, as well as average and low-achieving regular education students, using teacher ratings on the *Walker-McConnell Scale of Social Competence and School Adjustment* (Walker & McConnell, 1988). This study found that while the LD, MR, and low-achieving regular eduction students could not be accurately differentiated on the basis of their social competence ratings, the EBD students had significantly poorer ratings than *all* other groups, and in fact, were the only group that could be correctly classified to a reasonable degree on the basis of their ratings alone.

So, while the evidence on the problem of coming up with assessment methods that seem to classify EBD students with a relatively high degree of precision is mixed, the problem still remains for practitioners: What assessment methods or instruments can be used for determining program eligibility for EBD services that are capable of accurately differentiating EBD students from other students with disabilities? In order to further investigate this question, this study was implemented to ascertain the utility of a new social behavior assessment instrument, the *School Social Behavior Scales* (Merrell, 1992), in differentiating between EBD and other students with disabilities.

METHOD

Subjects

Subjects for this study included 109 students in grades 1-5 who were classified as having disabilities for special education purposes in one of the following three groups: Learning disabled (LD; $n = 35$), mildly mentally retarded (MR; $n = 30$), and emotionally or behaviorally disordered (EBD; $n = 44$). These students were all from one urban school district in the state of Washington.

Students in the LD group had been classified based on regressed intellectual ability-academic achievement discrepancies of 1.5 standard deviations or more, and received special education resource room services for 1 to 2 hours per day. Students in the MR group had been classified based on deficits in intellectual ability, academic achievement, and adaptive behavior between two and three standard deviations below the normative mean for their age level.

The MR group included students who received resource room services for part of their instructional day, as well as students who received self-contained instructional services for all basic academic subjects and were mainstreamed for part of the day for things such as physical education, art, and music.

Students in the EBD group had been classified based on one or more of the characteristics specified in the federal definition of seriously emotionally disturbed: Inappropriate behaviors, general unhappiness, physical symptoms or fears associated with school or personal problems, or difficulty in interpersonal relationships. Like the students in the MR group, the EBD group students received diverse levels of special education services ranging from being served in regular education classrooms with the support of consultation services to being self-contained for the majority of the day.

Procedure

Names of students who were in one of the three study groups were randomly selected from special education class rosters in the participating school district. Special education teachers of the selected students were asked to rate their behavior characteristics using the *School Social Behavior Scales* (Merrell, 1992). Completed scales were routed to a central administration office where they were picked up by the investigator.

Instrument

The *School Social Behavior Scales* (SSBS) is a behavior rating scale designed for use by teachers or other school personnel in assessing both social competence and socially-linked problem behaviors of K-12 grade students. It includes two major scales with a total of 65 items. These items describe both positive and negative social behaviors that commonly occur in educational settings. Items are rated using a 5-point Likert scale ranging from 1 = never to 5 = frequently. Each of the two major scales have three empirically-derived subscales within them.

Scale A, *Social Competence*, includes 32 items that describe adaptive, prosocial behavioral competencies as they commonly occur in educational settings. Subscale A1, *Interpersonal Skills*, includes 14 items measuring social skills that are important in establishing positive relationships with and gaining social acceptance from peers. Subscale A2, *Self-Management Skills*, includes 10 items measuring social skills relating to self-restraint, cooperation, and compliance with the demands of school rules and expectations. Subscale A3, *Aca-*

demic Skills, consists of 8 items relating to competent performance and engagement on academic tasks.

Scale B, *Antisocial Behavior,* includes 33 negatively worded items that describe problematic behaviors that are either other-directed in nature, or are likely to lead to negative social consequences such as peer rejection or strained relationships with the teacher. Subscale B1, *Hostile-Irritable,* consists of 14 items that describe behaviors considered to be self-centered, annoying, and that will likely lead to peer rejection. Subscale B2, *Antisocial-Aggressive,* consists of 10 behavioral descriptors relating to overt violation of school rules and intimidation or harm to others. Subscale B3, *Disruptive-Demanding,* includes 9 items that reflect behaviors likely to disrupt ongoing school activities and place excessive and inappropriate demands on others. Sample items from each of the 6 subscales of the SSBS are displayed in Table 1.

TABLE 1

Sample Items from the School Social Behavior Scales

Subscale A1, Interpersonal Skills
Offers help to other students when needed
Interacts with a wide variety of peers
Has good leadership skills
Subscale A2, Self-Management Skills
Controls temper when angry
Remains calm when problems arise
Responds appropriately when corrected by teacher
Subscale A3, Academic Skills
Completes individual seatwork without being prompted
Completes assigned activities on time
Makes appropriate transition between different classroom activities
Subscale B1, Hostile-Irritable
Blames other students for problems
Will not share with other students
Insults peers
Subscale B2, Antisocial-Aggressive
Cheats on schoolwork or in games
Gets into fights
Is physically aggressive
Subscale B3, Disruptive-Demanding
Is overly demanding of teachers' attention
Disrupts ongoing activities
Acts impulsively without thinking

A number of studies and statistical procedures are reported in the SSBS manual concerning the psychometric properties and validity of the instrument. The scales were normed on a group of 1,856 K-12 public school students in the United States, with each of the four U.S. geographical regions adequately represented in the standardization process. The percentage of students with disabilities in various special education classification categories in the standardization group very closely approximates the national percentages of these figures. Various reliability procedures reported in the SSBS manual indicate

that the scales have good to excellent stability and consistency. Internal consistency and split-half reliability coefficients range from .91 to .98. Test-retest reliability at 3-week intervals is reported at .76 to .83 for the *Social Competence* scores and .60 to .73 for the *Antisocial Behavior* scores. Interrater reliability between resource room teachers and paraprofessional aides ranges from .72 to .83 for the *Social Competence* scores, and .53 to .71 for the *Antisocial Behavior* scores.

Validity of the scales has been demonstrated in several ways. Moderate to high correlations between the SSBS and three other behavior rating scales suggest that the scale has demonstrated criterion-related validity. Findings reported in the SSBS manual that indicate scales can adequately discriminate between gifted and average, as well as regular and special education students, suggest that the SSBS has good construct validity. The factor structure of the two scales appears to be very strong with all items loading into their respective subscale at .50 or greater, no items appearing on more than one subscale, and only moderate relationships among the subscales.

RESULTS AND DISCUSSION

Data Analysis Procedures and Findings

To assess the significance of group differences on the SSBS, mean scores were analyzed using one-way analysis of variance (ANOVA) procedures, first on the total scores for each of the two scales, and then on the subscale configurations. In all cases, the ANOVAs indicated that significant differences were present based on group membership. The ANOVA procedure was then followed by a series of pairwise contrast tests (using the Scheffe method at the $p < .05$ level) to find the specific location of these group differences.

Two interesting findings emerged. First, the SSBS scores of the LD and MR groups did not differ significantly and were essentially homogenous. Second, the SSBS scores of the EBD students were significantly different from those of the other two groups on *all* subscale and total scores, indicating that the EBD group was rated as having poorer social competence and greater levels of antisocial problem behavior than the other special education groups "across the board." Descriptive statistics for the SSBS scores of each group, along with ANOVA and post hoc contrast results, are shown in Table 2.

While the ANOVA procedure showed that the SSBS was sensitive to social-behavioral differences between the EBD students and other groups of students with disabilities, this analysis provides no insight into how the SSBS scores of the three study groups compare to those of typical nonhandicapped students. To answer this question, the SSBS scores of each of the three special education groups were compared to the normative scores for elementary students obtained from the test manual. This comparison was done using a series of *t* tests for independent means utilizing the pooled variance method for comparison of unequal sample sizes. In all cases, the SSBS scores of each of the three handicapped groups indicated that they were rated as having significantly poorer social competence and greater levels of antisocial problem behavior than those of the instrument normative group. This finding shows that in addition to being sensitive to social-behavioral differences between EBD students and other groups of students with disabilities, the instrument is also sensitive to social-behavioral characteristics that seem to differentiate special education from regular education students in general.

TABLE 2

SSBS Raw Score Means and Standard Deviations, by Group, with ANOVA Results

	LD ($n = 35$)	MR ($n = 30$)	EBD ($n = 44$)	$F(2,106)$
A: Social Competence				
A1, interpersonal skills	38.26[a]	41.00[a]	33.59[b]	4.63*
	(11.89)	(10.71)	(9.45)	
A2, self-management skills	33.20[a]	32.53[a]	25.87[b]	12.53***
	(8.45)	(8.41)	(6.48)	
A3, academic skills	25.51[a]	26.50[a]	20.64[b]	7.85**
	(7.18)	(7.07)	(6.71)	
Total score	96.91[a]	100.40[a]	79.62[b]	9.64***
B: Antisocial Behavior				
B1, hostile-irritable	31.31[a]	32.23[a]	42.98[b]	10.61***
	(14.06)	(13.61)	(10.29)	
B2, antisocial-aggressive	19.29[a]	19.67[a]	27.42[b]	14.49***
	(8.18)	(7.90)	(6.86)	
B3, disruptive-demanding	20.80[a]	19.73[a]	28.18[b]	18.52***
	(6.95)	(5.87)	(6.94)	
Total score	71.40[a]	71.63[a]	98.84[b]	15.75***
	(27.84)	(25.65)	(21.84)	

Notes: Means with different superscripts differ significantly at $p < .05$.
Standard deviations are shown below means in parentheses.
*$p < .05$; **$p < .001$; ***$p < .0001$.

Limitations of this Investigation

Some limiting aspects of this investigation should be mentioned to avoid overgeneralization of the results. The subject pool was relatively modest in size and was from only one school district. Different social-behavioral norms and educational practices across geographical regions and education agencies may exist that would make replication of the present findings difficult in some settings. A second caution has to do with the nature of the assessment method used, namely, behavior rating scales. Rating scales provide summative overall judgments of behavior by informants who have observed the subject for a period of time in a specific setting. Rating scale technology is potentially subject to instrument, source, and setting variance, and is best used in conjunction with other behavioral measurement methods (e.g., direct observation and objective self-report) as part of a multimethod, multisource assessment.

It should also be noted that the SSBS was not designed to be used for screening all types of behavior problems. Scale B specifically includes problem behaviors that are either antisocial in nature or are directly linked to social interaction. This instrument was not specifically designed for assessing *internalizing* behavioral or emotional problems such as depression, anxiety, and social withdrawal. At the present time, there has been no research exploring SSBS score patterns with students exhibiting internalizing problems. In terms of the present

study, the EBD group was comprised of students who met special education identification and service criteria under broad-based criteria — no attempt was made to select only students with externalizing behavior problems. Therefore, it can be assumed that the EBD group included students exhibiting varying degrees of externalizing and internalizing problems although no measure of internalizing problems was included in the study.

Concluding Comments

This study provides some new information on the social-behavioral characteristics of students with emotional or behavioral disorders, and shows that the *School Social Behavior Scales* is an instrument that may be useful as part of a comprehensive assessment battery for determining program eligibility of students referred because of emotional and behavioral problems. The SSBS may also be useful for intervention planning as its dual scale and subscale structure may help identify specific areas where students are seen as having the most difficulty.

While this study sheds some additional light on the issue, the problem of accurately differentiating students with emotional or behavioral disorders from other students with disabilities still remains. There is obviously some truth to the contention that there is a great deal of overlap among these three special education service categories in terms of social-behavioral characteristics. The design of the present investigation was not developed to look at overlap but to identify group differences. However, the fact that all three groups of special education students had significantly lower social competence ratings and significantly higher antisocial behavior ratings suggests that students with disabilities may have a core problem of social-behavior deficits even though these deficits are most pronounced with emotionally/behaviorally disordered students.

Since the classification criteria we use still reflect imperfect understanding of human exceptionality, problems of accurate assessment and classification will persist for some time. However, as the field of special education evolves, assessment methods and instruments may continue to be developed that allow for decision making with an increasing amount of accuracy and confidence. The SSBS may be one such instrument when used for valid purposes in the appropriate manner.

REFERENCES

Gresham, F. M., Elliott, S. N., & Black, F. L. (1987). Teacher-rated social skills of mainstream mildly handicapped and nonhandicapped children. *School Psychology Review, 16*, 77-88.

Hallahan, D. P., & Kauffman, J. M. (1977). Labels, categories, behaviors: ED, LD, and EMR reconsidered. *Journal of Special Education, 11*, 139-149.

Hollinger, J. D. (1987). Social skills for behaviorally disordered children as preparation for mainstreaming: Theory, practice, and new directions. *Remedial and Special Education, 8*, 17-27.

Jay, D. E., & Padilla, C. L. (1987). *Special education dropouts*. Menlo Park, CA: SRI International.

Kauffman, J. M. (1989). *Characteristics of behavior disorders of children and youth* (4th ed.). Columbus, OH: Merrill.

Merrell, K. W. (1992). *The school social behavior scales*. Brandon, VT: Clinical Psychology Publishing.

Merrell, K. W., Merz, J. M., Johnson, E. R., & Ring, E. N. (1992). Social competence of

students with mild handicaps and low achievement: A comparative study. *School Psychology Review, 21*, 125-137.

Neel, R. S., Meadows, N., Levine, P., & Edgar, E. B. (1988). What happens after special education: A statewide follow-up study of secondary students who have behavioral disorders. *Behavioral Disorders, 13*, 209-216.

The Peacock Hill Working Group (1991). Problems and promises in special education and related services for children and youth with emotional or behavioral disorders. *Behavioral Disorders, 16*, 299-313.

Sabornie, E. (1987). Bi-directional social status of behaviorally disordered and nonhandicapped elementary school pupils. *Behavioral Disorders, 13*, 45-57.

Sabornie, E., Kauffman, J., Ellis, E., Marshall, K., & Elksnin, L. (1987). Bi-directional and cross categorical social status of learning disabled, behaviorally disordered, and nonhandicapped students. *Journal of Special Education, 21*(4), 39-56.

U.S. Department of Education. (1990). *Twelfth annual report to Congress on the implementation of Public Law 94-142*. Washington, DC: Author.

Walker, H. M., & McConnell, S. R. (1988). *The Walker-McConnell scale of social competence and school adjustment*. Austin, TX: Pro-Ed.

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Restrictive Educational Placement of Students with Emotional or Behavioral Disorders: What We Know and What We Need to Know

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ABSTRACT

In 1988-1989, over 100,000 (about 20%) of the students with emotional or behavioral disorders were placed in separate schools, residential facilities, or hospitals. The number of students involved, the varied contexts of placement alternatives, the financial costs, and variability among states and localities demand thorough examination of placement issues. Of particular concern is how decisions are made to place students in more restrictive settings or to return them to their home schools or regular classes. The disciplines concerned with educational placement — including special education, mental health, school psychology, hospital administration, and professional and advocacy organizations — need to address the rationale, procedures, participants, and contexts that influence placement decisions. The authors of this article recommend that such examination include research and professional literatures, state and local policies, and the opinions of parents, children, and professionals involved in the placement decisions.

Issues regarding the placement of students in specific classes and schools have for over a century aroused substantial controversy about the structure of American public education. Many of the great controversies about education during the past five decades have been centered on questions about where students should go to school — to what buildings and to what classrooms. The buildings and classrooms to which students are assigned have been points of controversy because these placements determine in large measure what and how students will be taught and the peer groups with which students will associate. Student placement is the focus of controversies regarding the racial integration of public schools, heterogeneous ability grouping, and the appropriate education of students with disabilities in the least restrictive environment (LRE), as prescribed by the Individuals with Disabilities Education Act (IDEA) and prior federal legislation.

Placement of students with disabilities is a matter of great concern to advocates of special education for two primary reasons. First, appropriate education is extremely unlikely, if not impossible, for students with certain disabilities in some settings. Therefore, placement alternatives in which appropriate education is both possible and likely must be available to all students with disabilities

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(cf. Kauffman & Hallahan, in press). Second, all students with disabilities are entitled by law to an appropriate education in the setting that is least restrictive. Therefore, care must be taken in choosing for each student the appropriate placement alternative that entails the least personal restriction. Placement decisions are critically important, both when the decision is to place a pupil in a more restrictive setting and when it is to return the pupil to a less restrictive environment. The difficulty of defining *appropriate* and the *least restrictive* alternative placement has led to considerable professional controversy, a great deal of litigation, and a critical need for information regarding the criteria and procedures for determining placements.

Many issues involving student placement cut across all disabilities. Some disabilities, however, offer especially difficult challenges to those who must make placement decisions. Students with emotional or behavioral disorders, referred to as *serious emotional disturbances* in federal documents, have been described as an underserved population of children and youth with particularly complex needs (Institute of Medicine, 1989; U.S. Department of Education, 1986). One of the most complex aspects of these students' needs is the determination and selection of the placements in which appropriate education and related services are most likely to occur.

Students identified as having emotional or behavioral disorders and requiring special education are placed frequently in settings seen as more restrictive than their home schools and regular classes. Nevertheless, the reasons that parents, educators, and other professionals select these placements are poorly understood. As Smith, Wood, and Grimes (1988) concluded, "Unfortunately, there is relatively little research available on decision making regarding behavioral disorders labeling and placement decisions" (p. 108). Their conclusion is supported by other researchers and more recent reviews (e.g., Grosenick, George, & George, 1987; Grosenick, George, George, & Lewis, 1991; Hundert, Cassie, & Johnston, 1988; Jennings, Mendelsohn, May, & Brown, 1988; Kauffman, Cullinan, & Epstein, 1987; Knitzer, Steinberg, & Fleisch, 1990; Mattison, Humphrey, & Kales, 1986; Mattison et al., 1986; Mattison, Morales, & Bauer, 1992; Singer, Butler, Palfrey, & Walker, 1986).

The poor understanding of these placement decisions is a serious problem because such decisions substantially affect the opportunities students have for learning academic and social skills and participating in everyday activities with their nonhandicapped peers. Thus, studies of decisions regarding the placement of students with emotional or behavioral disorders are needed to provide a basis for improved outcomes for these students, beginning with a knowledge base for drawing implications for improved placement practices. Improved placement practices can, in turn, be expected to improve important outcomes for children and youth with emotional or behavioral disorders — academic learning, social and emotional functioning, and participation in employment and postsecondary education.

Specifically, studies are needed to (a) deal with a critical problem, (b) focus on key features of the problem, (c) tap and integrate information from primary sources, and (d) deliver products useful to important stakeholders. Of special concern are placements for education outside the school system (i.e., separate day or residential schools or hospitals) and the return of students from such placements to their communities and regular schools.

What We Know About the Problem of Placement

A succession of annual reports to Congress on implementation of IDEA and preceding federal legislation has indicated that students with emotional or behavioral disorders are placed more frequently in separate special facilities than are students in several other disability categories. The most recent report (the 13th annual, providing data for the 1988-1989 school year) shows that about 20% of students with emotional or behavioral disorders are placed in separate schools, residential facilities, or hospitals compared to about 13% of students with mental retardation, 1.5% of those with learning disabilities, and about 6.5% of students in all disability categories (U.S. Department of Education, 1991). The use of separate facilities, particularly residential placements and especially out-of-state placements, is extremely costly (National Mental Health Association, 1989; Singer & Raphael, 1988). The reintegration of many students with emotional or behavioral disorders into less restrictive placements is possible, but it requires considerable effort and a high level of attention to individual needs on a case-by-case basis if it is to be successful (Fuchs, Fuchs, Fernstrom, & Hohn, 1991; Sack, Mason, & Collins, 1987).

One might suppose that practices which avoid excessively costly and restrictive placements, as well as practices that foster successful reintegration into less restrictive placements, are implemented consistently across states and school districts. Such is not the case. Considerable variability exists among the states in both rate of identification of students with emotional or behavioral disorders to receive special education and related services (range = 0.04 to 2.1%) and in the percentage of such students placed in various settings, especially placements in hospitals and out-of-state placements (U.S. Department of Education, 1991; see also National Mental Health Association, 1989). Moreover, other research suggests great variation among local school districts in the types of placement options available and the factors reportedly influencing choice of placement (Grosenick et al., 1987; Grosenick et al., 1991; Robert Wood Johnson Foundation, 1988; Singer et al., 1986; Singer, Palfrey, Butler, & Walker, 1989). No satisfactory explanation is available for the extreme variability among states and local education agencies in their placement practices. The great variability suggests, however, that many students with emotional or behavioral disorders are poorly or inappropriately served. As noted by the National Mental Health Association (1989),

> Clinically, the most appropriate mode of treatment for children with mental and emotional problems is often a community-based service that is centered on the needs of the child and focused on the family unit. However, policymakers and third party payers have supported the development of few of these kinds of services. Often no professional help is available in the child's immediate community so that the family cannot be as actively involved as they should be. . . .Thus, children with emotional problems tend to be placed in more restrictive settings than they need. (p. 1-2)

Other literature indicates that the outcomes of placement for special education and treatment may depend in part on the types of disorders children exhibit (i.e., their DSM diagnoses). For example, in a long-term follow-up of children from a psychiatric day treatment center, Sack et al. (1987) found much better outcomes for children with emotional disorders (e.g., anxiety, depression) than for those with behavioral disorders (e.g., conduct disorder, attention deficit disorder). Moreover, Sack et al. and others (e.g., Kazdin, 1991; Mattison et al.,

1992) note that aggressive behavior and the presence of variables related to placement decisions — other than the child's or youth's DSM diagnosis and placement — are associated with poor prognosis, even with the best available treatment: physical or sexual abuse, parental neglect or nonsupervision, parental criminality or psychiatric disturbance, low parental socioeconomic and education level, and broken (single-parent) family. Therefore, it must be recognized that more restrictive placements for some children and youth may be based in part on the existence of these conditions and that poor outcomes are not attributable solely to placement in restrictive settings.

Nevertheless, poor placement practices may be a significant contributing factor in unsatisfactory outcomes for many children and youth with emotional or behavioral disorders. A variety of reports indicate that the outcomes of placement in special programs, regardless of their cost and restrictiveness, are often less than acceptable — failing grades are common; rates of school-leaving, arrest, and incarceration are very high; and rates of employment and postsecondary education are low (e.g., Jay & Padilla, 1987; Neel, Meadow, Levine, & Edgar, 1988; The Peacock Hill Working Group, 1991; U.S. Department of Education, 1990; Wagner & Shaver, 1989). One might expect that the variability in rates of service and placement, combined with the knowledge of poor outcomes for many students with emotional or behavioral disorders, would have produced an outpouring of data regarding separate facilities but relatively few such data have been gathered and analyzed.

Only very recently has substantial information become available regarding important features of separate day and residential schools serving students with emotional or behavioral disorders and other handicapping conditions. Data from the work of Stephens, Lakin, Brauen, and O'Reilly (1990) "provide the first national picture of the current status of separate facilities serving children with disabilities" (U.S. Department of Education, 1991, p. ii). Based on a large sample of students placed in separate day or residential facilities, Stephens and colleagues found that students with EBD:

- Represented an increasing percentage of students served in separate facilities of all types.
- Were both placed in and discharged from day and residential facilities at higher rates than students with other handicapping conditions; admission and discharge rates were higher in residential than in day facilities; discharge rates paralleled admission rates.
- Comprised by far the largest segment (slightly over half) of the total population of students with disabilities placed in separate residential schools; those with a primary diagnosis of serious conduct or behavior disorder (22.6%) or attention deficit disorder (9.9%) comprised one-third of all handicapped students placed in separate residential facilities.
- Comprised slightly more than half of those placed in separate public day schools; more than two-thirds of those placed in residential schools were in private facilities.
- Were, in the majority of cases, between the ages of 12 and 17 when first admitted to day or residential facilities. Private residential programs reported increased referrals of youngsters in middle to late adolescence.
- Most often carried a primary diagnosis of serious conduct or behavior disorder in both day (48%) and residential (44%) schools.
- Had attention deficit disorder as their second most frequent primary diag-

nosis (accounting for approximately 17% of day students and 19% of residential students).

- Were disproportionately likely to be African-American if placed in public day schools or disproportionately *un*likely to be Hispanic or Asian if placed in residential schools.
- Were most likely (as new admissions to separate day schools) to have been previously placed in special classes in regular schools (about 38%) or regular classes with or without resource services (about 23%); about 11% came from other special day schools, and about 6% from residential schools.
- Were likely (as newly admitted day students in separate residential schools) to have been previously placed in special classes in regular schools (about 43%) or regular classes with or without resource services (about 23%); about 13% came from other residential schools and about 7% from day schools.
- Were likely (as newly admitted residential students in separate residential schools) to have been previously placed in regular classes with or without resource services (about 28%) or special classes in regular schools (about 27%); about 16% came from other residential schools and about 9% from day schools.
- Included a substantial percentage of new admissions to separate day and residential facilities who had received no prior special instruction — approximately 5% of new admissions to day schools, 9% of new day students in residential schools, and 9% of new residential students in residential schools.
- Were likely, if below age 17, to exit separate day or residential schools to regular schools, often to special classes (finding appropriate educational or vocational placements for students who reached maximum age for the facility was a serious problem).
- Were more likely to enter a college or university degree program if they exited residential schools (13%) than if they exited day schools (5%).

The results of the Stephens et al. report (1990), recent reports to Congress, and other documents present an increasingly detailed picture of the extent of the problem of restrictive placements, but they shed little light on the decisions to use these placements. How are these decisions made? When and by whom are they made? What alternative placements are available? Clearly, improving decisions regarding placement of students with emotional or behavioral disorders, especially those involving placement in separate facilities, is critical to the implementation of strategies designed to improve outcomes for this population. Understanding the whys and hows of placement decisions is essential for improving the policies that provide the rationale and govern the procedures, participants, and contexts for decision making.

What We Need to Know: A Call for Research

Research is needed that focuses on four key features of the problem of placement decisions: rationale, procedures, participants, and contexts. At present, each of these facets of the problem is poorly understood (cf. Smith et al., 1988).

Rationale. As we have argued, disproportionate numbers of students with emotional or behavioral disorders are placed in highly restrictive and costly settings in the face of professional opinion that many such placements are unnec-

essary (National Mental Health Association, 1989). They typically enter these placements from regular public schools and they typically return to regular school environments. They are moved in and out of these settings at high rates. We need to understand more about why these changes in placements are made. Under what assumptions are these placement decisions made? What are the anticipated benefits of these changes in placement? What are the reasons that a current placement is deemed no longer appropriate? We need to examine what is known about how those responsible for making placement decisions justify their conclusions.

Procedures. The procedures followed in making placement decisions may be prescribed by federal, state, or local policies but that does not mean that such specifications are met (cf. Smith et al., 1988). Procedural aspects of the problem of placement involve both the policy specifications detailed in laws and regulations and the extent to which these specifications are followed by decision makers. We need a better picture of how states and localities attempt to regulate placement decisions and the extent to which regulations are effective in monitoring and controlling decisions. What are the specific steps prescribed in making placement decisions? What sources of data and procedures for weighing evidence (e.g., clinical judgment of a multidisciplinary team, computer-driven expert system) are used in making decisions? What means of controlling decisions and monitoring compliance are in place? Studies are needed to describe extant and emerging procedures and assess the extent to which they are followed.

Participants. IDEA and prior federal legislation prescribe a team decision-making process for determining placement for appropriate education and related services in the LRE. The multidisciplinary team (MDT) is prescribed to ensure that multiple sources of data and multiple perspectives are taken into consideration and to prevent capricious decisions. As Smith et al. point out, "critics [have raised] serious questions about the effectiveness, efficiency, and benefits" of MDTs for decision making (1988, p. 108). Nevertheless, it is widely recognized that designing appropriate programs of education and related services for children and youth with emotional or behavioral disorders requires the participation of several disciplines (Institute of Medicine, 1989; Knitzer et al., 1990; National Mental Health Association, 1989; The Peacock Hill Working Group, 1991). Thus, we need to design research to answer questions such as the following: Who actually participates, and in what ways, in making placement decisions? What factors affect the participation of various stakeholders in the decisions? To what extent do specific stakeholders influence the decisions?

Contexts. Rationales, procedures, and participants can be specified clearly in policies and regulations but be ignored in practice because of certain contextual factors. The contexts in which decisions are actually made may ultimately decide why, how, and by whom a determination is made. "What interface exists between schools and health or mental health care systems for children [with emotional or behavioral disorders]? How effective are mental health services provided by the educational system?" (U.S. Department of Health & Human Services, 1991, p. 14). How does the context of family pathology or disintegration influence placement decisions? What range of alternative placements is available? Is the range of alternatives known to decision makers? What factors account for the overrepresentation of some ethnic groups (particularly African-Americans) and the underrepresentation of others (especially Hispanic and

Asian Americans) in restrictive settings (Chinn & Hughes, 1987; Stephens et al., 1990)? What are the relative costs and sources of funding for specific placements? What interagency agreements are in place to ensure coordination of services and sharing of costs? Research is needed to describe the contextual constraints on decision making and how they may foster decisions to place students in or return them from restrictive placements.

CONCLUSIONS

Currently available literature (particularly Stephens et al., 1990) indicates that (a) the proportion of pupils with emotional or behavioral disorders placed in day and residential schools, hospitals, and other more restrictive settings is greater than that of any other category of exceptionality; (b) these students represent an increasing proportion of the children and youth served in such settings; (c) they move in and out of these facilities more rapidly than students with other handicaps; (d) they are especially likely to carry primary psychiatric diagnoses of conduct disorder, behavior disorder, or attention deficit disorder; (e) certain ethnic groups are disproportionately represented among this population; and (f) a surprisingly large proportion of these pupils (approaching 10%) move directly from regular classrooms into these placements. We consider these and related issues to be of particular concern to professionals and advocates concerned about the educational, psychological, mental health, and social well-being of these children and youth.

Research is needed to address the reasons for these descriptive findings. Most professionals in special education and related disciplines may be able to offer reasonable hypotheses about why certain placements are made (these students probably have, after all, demonstrated highly disturbing emotional or behavioral disorders). Nevertheless, we consider it essential to examine hypotheses through careful empirical studies. Our primary focus in this research should be the nexus of the issue, that is, *the way* in which decisions about such placements are made.

The core issue of the way decisions are made has many important facets, one of the most important being the conceptual and empirical bases for decisions. Certainly, we must examine diverse arguments — supported by both professional opinion and research — about why children and youth with emotional or behavioral disorders should be placed in or moved from restrictive placements. Similarly, researchers must consider the policies and procedures — both written and informal — of the service agencies that participate in the decisions. Placement decisions are not made by policy alone: We must learn more about the opinions of the people — teachers, administrators, parents, and students — who participate in making the decisions and about the contexts in which these decisions are made (e.g., availability of alternative placements).

REFERENCES

Chinn, P. C., & Hughes, S. (1987). Representation of minority students in special education classes. *Remedial and Special Education, 8*(4), 41-46.

Fuchs, D., Fuchs, L. S., Fernstrom, P., & Hohn, M. (1991). Toward a responsible reintegration of behaviorally disordered students. *Behavioral Disorders, 16*, 133-147.

Grosenick, J. K., George, M. P., & George, N. L. (1987). A profile of school programs for the behaviorally disordered: Twenty years after Morse, Cutler, and Fink. *Behavioral Disorders, 12*, 159-168.

Grosenick, J. K., George, N. L., George, M. P., & Lewis, T. J. (1991). Public school ser-

vices for behaviorally disordered students: Program practices in the 1980s. *Behavioral Disorders, 16*, 87-96.

Hundert, J., Cassie, J. R. B., & Johnston, N. (1988). Characteristics of emotionally disturbed children referred to day-treatment, special-class, outpatient, and assessment services. *Journal of Clinical Child Psychology, 17*, 121-130.

Institute of Medicine. (1989). *Research on children and adolescents with mental, behavioral, and developmental disorders: Mobilizing a national initiative*. Washington, DC: National Academy Press.

Jay, D. E., & Padilla, C. L. (1987). *Special education dropouts*. Menlo Park, CA: SRI International.

Jennings, K. D., Mendelsohn, S. R., May, K., & Brown, G. M. (1988). Elementary students in classes for the emotionally disturbed: Characteristics and classroom behavior. *American Journal of Orthopsychiatry, 58*, 65-76.

Kauffman, J. M., Cullinan, D., & Epstein, M. H. (1987). Characteristics of students placed in special programs for the seriously emotionally disturbed. *Behavioral Disorders, 12*, 175-184.

Kauffman, J. M., & Hallahan, D. P. (in press). Toward a comprehensive service delivery system. In J. I. Goodlad & T. C. Lovitt (Eds.), *Integrating general and special education*. Columbus, OH: Merrill.

Kazdin, A. E. (1991). Aggressive behavior and conduct disorder. In T. R. Kratochwill & R. J. Morris (Eds.), *The practice of child therapy* (2nd ed., pp. 174-221). New York: Pergamon.

Knitzer, J., Steinberg, Z., & Fleisch, B. (1990). *At the schoolhouse door: An examination of programs and policies for children with behavioral and emotional problems*. New York: Bank Street College of Education.

Mattison, R. E., Humphrey, F. J., & Kales, S. N. (1986). An objective evaluation of special class placement of elementary schoolboys with behavior problems. *Journal of Abnormal Child Psychology, 14*, 251-262.

Mattison, R. E., Humphrey, F. J., Kales, S. N., Handford, H. A., Finkenbinder, R. L., & Hernit, R. C. (1986). Psychiatric background and diagnoses of children evaluated for special class placement. *Journal of the American Academy of Child Psychiatry, 25*, 514-520.

Mattison, R. E., Morales, J., & Bauer, M. A. (1992). Distinguishing characteristics of elementary schoolboys recommended for SED placement. *Behavioral Disorders, 17*, 107-114.

National Mental Health Association. (1989). *Invisible children project: Final report and recommendations of the invisible children project*. Alexandria, VA: Author.

Neel, R. S., Meadow, N., Levine, P., & Edgar, E. B. (1988). What happens after special education: A statewide follow-up study of secondary students who have behavioral disorders. *Behavioral Disorders, 13*, 209-216.

The Peacock Hill Working Group. (1991). Problems and promises in special education and related services for children and youth with emotional or behavioral disorders. *Behavioral Disorders, 16*, 299-313.

Robert Wood Johnson Foundation. (1988). *Serving handicapped children: A special report*. Princeton, NJ: Author.

Sack, W. H., Mason, R., & Collins, R. (1987). A long-term follow-up study of a children's psychiatric day treatment center. *Child Psychiatry and Human Development, 18*, 58-68.

Singer, J. D., Butler, J. A., Palfrey, J. S., & Walker, D. K. (1986). Characteristics of special education placements: Findings from probability samples in five metropolitan school districts. *Journal of Special Education, 20*, 319-337.

Singer, J. D., Palfrey, J. S., Butler, J. A., & Walker, D. K. (1989). Variation in special education classification across school districts: How does where you live affect what you are labeled? *American Educational Research Journal, 26*, 261-281.

Singer, J. D., & Raphael, E. S. (1988). *Per pupil expenditures for special education: To*

whom are limited resources provided? (Final Report for Grant No. G008630147). Washington, DC: U.S. Department of Education, Office of Special Education Programs.

Smith, C. R., Wood, F. H., & Grimes, J. (1988). Issues in the identification and placement of behaviorally disordered students. In M. C. Wang, M. C. Reynolds, & H. J. Walberg (Eds.), *Handbook of special education: Research and practice* (Vol. 2, pp. 95-123). New York: Pergamon.

Stephens, S. A., Lakin, K. C., Brauen, M., & O'Reilly, F. (1990). *The study of programs of instruction for handicapped children and youth in day and residential facilities.* Washington, DC: U.S. Department of Education and Mathematics Policy Research.

U.S. Department of Education. (1986). *Eighth annual report to Congress on the implementation of the Education of the Handicapped Act.* Washington, DC: Author.

U.S. Department of Education. (1990). *Twelfth annual report to Congress on the implementation of the Education of the Handicapped Act.* Washington, DC: Author.

U.S. Department of Education. (1991). *Thirteenth annual report to Congress on the implementation of the Individuals with Disabilities Education Act.* Washington, DC: Author.

U.S. Department of Health and Human Services. (1991). *Program announcement PA-91-46: Implementation of the national plan for research on child and adolescent mental disorders.* Washington, DC: Author.

Wagner, M., & Shaver, D. (1989). *Educational progress and achievement of secondary special education students: Findings from the national longitudinal transition study.* Menlo Park, CA: SRI International.

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Social Behavior Identified Through an Informant-Based Assessment Procedure: Normative Data Across Age and Gender

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ABSTRACT

The purpose of this investigation was to develop a set of normative social interactive behaviors across both age and gender that could be applied directly to interventions designed to enhance the social responding of children and youth with behavioral disorders. Asked to complete an assessment of critical social behaviors based on a template matching procedure were 309 students in grades two, four, six, and eight. The results suggest some differences across age and gender for critical positive and negative behaviors but remarkable similarity to other normative investigations conducted across populations. These results are discussed in relation to the importance of skill relevance and generalization across peers and settings.

Over the past 15 years, a sophisticated technology has been developed for improving the social interaction skills of children and youth with behavioral and emotional disorders (Barton, 1986; Sasso, 1987; Shores, 1987). The literature in this area suggests that the development of social skills can be accomplished utilizing a variety of interventions. One set of procedures, direct instruction, relies on the manipulation of task-analyzed skills to promote higher frequencies of social behavior (Gaylord-Ross, Haring, Breen, & Pitts-Conway, 1984; Hollinger, 1987). This type of intervention involves instruction across skills common to natural settings and often includes prompting, reinforcement, demonstrations, and self-control components surrounding discrete social behaviors (Baer, Holman, Stokes, Fowler, & Rowbury, 1981; Holman & Baer, 1979). A second set of interventions, known as teacher mediation, typically involves the use of adult prompts to occasion the display of prosocial behavior followed by reinforcement (McEvoy & Odom, 1987). Conversely, in peer mediation socially competent peers are instructed to interact effectively with the target child (Sasso & Rude, 1987; Strain & Odom, 1986). Finally, peer tutoring has been used to effect social changes in the behavior of children with disabilities (Greenwood, Delquadri, & Hall, 1989).

The literature in these areas suggests that, at least in some cases, the acquisition of social skills can generalize and maintain following intervention (Sasso, Melloy, & Kavale, 1990). Others have shown that long-term generalized effects using these procedures across populations are very difficult to achieve (Simpson, Myles, Sasso, & Kamps, 1991). The absence of skill generalization across both persons and settings can be viewed in two distinct ways: a failure

of the environmental process (Stokes & Baer, 1977) and/or a failure in the skill process (Sasso et al., 1990).

An environmental process suggests that generalization does not automatically occur and must be planned and programed as part of the intervention. Techniques useful to this process that may be particularly relevant to generalized social responding include training across settings (Walker & Buckley, 1974), with different people (Stokes, Baer, & Jackson, 1974), changing the source, timing, or nature of the reinforcement following the occurrence of trained social responses (McConnell, 1987; Phillips, 1978), and training responses common to generalizations settings (Rhode, Morgan, & Young, 1983).

A skill process refers to the acquisition of social behaviors that are relevant to the child's settings. Failure in this area, therefore, suggests a number of possibilities. First, the prompts and cues available in the instructional setting that occasioned the social response may not be present in the natural setting (i.e., absence of the antecedent). Second, the skills chosen for instruction may not be relevant or needed in the generalization environments and thus will not be used (i.e., absence of the reinforcer). Finally, a combination of both prompt availability and skill usefulness may result in failure to generalize acquired social skills (Sasso et al., 1990).

A body of literature has been developed over the last 10 years that has attempted to identify critical behaviors that define social competence. These behaviors have been identified in several ways. Some investigations have directly manipulated social behaviors in children to determine the effects on the social status of these individuals (Ladd, 1981; Oden & Asher, 1977; Sasso & Rude, 1988). Others have observed social interactions that occur in free play settings and computed conditional probabilities across social behaviors to demonstrate functional relationships between the behaviors and concurrent positive outcomes in natural settings (Tremblay, Strain, Hendrickson, & Shores, 1981). Still others have addressed methods for the identification of child-specific behaviors through direct observation in a particular treatment environment or through an informant-based selection of social behaviors thought to be related to social competence and acceptance (Hoier & Cone, 1987). One procedure based on a survey of child-identified critical social responses that appears to be valid and efficient, an assessment known as the template matching procedure, was initially developed by Bem and Lord (1979). Since that time, it has been used primarily as an assessment device to determine critical social behaviors in classroom environments in order to develop sets of "local norms" for social responses useful in integrating students with disabilities (Cone & Hoier, 1986).

Although the template matching assessment procedure has been effective primarily in an individual context, it may also be a methodology that is useful in developing social normative data across broad population groups. Template matching begins with a set of 50 behavioral descriptors which have been developed based on the social skills literature of the past 25 years. These descriptors are divided into 25 positive and 25 negative interactive behaviors. Children are asked to choose based on behaviors that they believe are important from the standpoint of their friends. Using this assessment model, 10 prioritized social interactive behaviors are identified for each child assessed. These prioritized behaviors can then become the basis for target social skills instruction selection (Hoier & Cone, 1987).

The purpose of the present investigation was to develop a set of normative data with the template matching procedure that might be used to provide general target interactive behaviors across age and gender. Second, fourth, sixth, and eighth grade children were identified and assessed.

METHOD

Subjects and Setting

Participating as volunteer subjects were 309 students in grades two, four, six, and eight from 15 school districts in eastern Iowa. Demographic characteristics of this sample can be found in Table 1.

TABLE 1

Demographic Characteristics of Sample

	Grade				
	Two	**Four**	**Six**	**Eight**	**Total**
Male	45	36	30	40	151
Female	41	44	33	40	158
Total	86	80	63	80	309

Note. 99% of subjects were Caucasian, approximately 6% were identified as having mild disabilities and were served in special education programs.

Graduate students in special education at The University of Iowa were trained by the authors to conduct a template matching interview. Training sessions lasted 1.5 to 2.0 hours and included five components: (a) an explanation of the purpose, the materials, procedure, and rationale for conducting the interviews; (b) a videotape presentation of a complete interview; (c) discussion of the interview procedure; (d) simulated practice with the template materials; and (e) discussion of special considerations for administering the protocol to young students and those with limited reading capacity. The interviewers were required to carry out one mock administration before beginning to work with the subjects in this study.

Materials. A carefully sequenced set of instructions for administering the template protocol was provided for each interviewer. The templates and 25 positive and 25 negative descriptors were included in each packet. (An interview packet is available from the first author.) The descriptors consisted of words or phrases derived from the literature that appeared to represent behaviors schoolaged children associated with (a) being like a best friend, and (b) not being like a best friend or being like an unfriendly person. The descriptors and their sources are shown in Table 2.

The Template Matching Procedure

Each subject was interviewed for approximately 20 minutes on three separate occasions within a 2-week period between February 1 and April 30. Interviews were conducted at varied locations — locations with minimal distractions (e.g., the media center, an empty office, or classroom).

Each interview was conducted on a one-to-one basis. The subject and the interviewer sat side-by-side or across from one another at a table or desk. After

TABLE 2

Q-Sort Items and Their Sources

Item No.	Items
Positive Items	
1	Tells me I did well (praise)
2	Smiles at me; laughs
3	Gives me things without being asked
4	Shares
5	Gives me hugs, kisses, pats on the back
6	Says nice things about me
7	Says things about the way I feel
8	Tells me how s/he feels
9	Agrees with me
10	Goes along with my ideas, complies
11	Gives me reasons when s/he doesn't do what I say
12	Looks at me when I am talking
13	Starts games for me
14	Talks first (before I do)
15	Talks a lot when we are together
16	Explains games or stories to me
17	Asks for help
18	Encourages me; tells me to keep trying
19	Looks at me when s/he is talking
20	Stays close to me when we play
21	Tells jokes
22	When I decide to do something s/he goes along
23	Includes me in what s/he is doing
24	Invites me over
25	Asks questions
Negative Items	
26	Teases
27	Tells on others, tattles
28	Blames others
29	Takes things without asking
30	Hurts or threatens to hurt others
31	Daydreams or wanders around
32	Doesn't talk; doesn't have much to say
33	Doesn't agree with me
34	Shows off
35	Doesn't let people join in
36	Doesn't look at me when I talk to her/him
37	Doesn't let me go first
38	Spends a lot of time alone
39	Calls people names
40	Gets angry often
41	Says things about kids to hurt their feelings
42	Yells, screams
43	Makes fun of people

44	Talks about others behind their back
45	Bothers people; interrupts games
46	Keeps others from joining what s/he is doing
47	Makes you do what s/he says, bossy
48	Doesn't do what you ask or tell her
49	Breaks rules; cheats
50	Fights; argues with others

Note. From *Target Selection of Social Skills for Children: The Template-Matching Procedure* by T. Hoier and J. Cone, 1987.

brief rapport building, the subject was led through a series of simple q-sort procedures. Briefly, the student was requested to sort 50 items (25 positive and 25 negative items) into two categories — Like a Best Friend or Not Like a Best Friend. All of the items placed under Like a Best Friend were gathered together, and the student was asked to sort those descriptors into two categories — Very Much Like a Friend or Somewhat Like a Friend. This process was repeated until the subject had 10 descriptors remaining. Finally, the subject was asked to rank order the 10 descriptors beginning with the one that was Most Like a Friend.

The second part of the interview was identical to the first; however, the goal was to have the subject identify 10 descriptors which represented an Unfriendly Person. First, the subject sorted each of the 50 items into those which were Like an Unfriendly Person and those which were Not Like an Unfriendly Person. Next, all of the descriptors the subject had placed under Like an Unfriendly Person were sorted into either Very Much Like an Unfriendly Person or Somewhat Like an Unfriendly Person. As with the final 10 positive descriptors, the remaining 10 negative descriptors were rank ordered by the subject. Throughout the procedure, the interviewer read any descriptor with which the subject had difficulty. When interviewing 4 eighth grade students, the descriptor Gives Me Hugs, Kisses, Pats on the Back was explained to be Pats on the Back, High Fives, or other more age-appropriate gestures of affection.

RESULTS

Student rankings of positive and negative behavioral descriptors were assigned values ranging from 10 to 1 for positive attributes and -10 to -1 for negative attributes with 10 (or -10) representing the first item placed in rank order. A mean value for each of the 50 behavioral descriptors was derived, and Table 3 presents the five highest ranking positive behaviors (Very Much Like a Best Friend) and negative behaviors (Very Much Like an Unfriendly Person) for the total group, for males, and for females.

It is interesting to note that the top three negative behaviors for the total group represent some form of verbal or physical aggression. This identification of aggression as strong negative behavior is consistent for males and females.

The ranking of the top five positive behaviors for males duplicates the ranking for the whole group with the reversal of the second and third highest descriptors. An examination of the differences between males and females reveals that Shares was ranked as the most important positive behavior for males, but was not included in the top five for females. Females duplicated four out of the five positive behaviors in different rank ordered positions, and substituted Smiles for Shares. Overall means for males, however, were lower than for females, suggesting more agreement among females on specific item ranking.

TABLE 3

Top-Ranked Template Behaviors for Total Group, for Males, and for Females

Item No.	Item	Mean
Total Positive		
4	Shares	5.33
6	Says nice things	4.67
24	Invites me	4.00
23	Includes me	3.88
18	Encourages me	3.75
Total Negative		
30	Hurts/threatens	-4.53
41	Says to hurt	-4.08
50	Fights	-3.89
49	Cheats	-3.71
44	Talks behind back	-3.48
Males Positive		
4	Shares	4.95
24	Invites me	4.14
6	Says nice things	3.91
23	Includes me	3.70
18	Encourages me	3.57
Males Negative		
30	Hurts/threatens	-4.17
49	Cheats	-3.93
50	Fights	-3.80
41	Says to hurt	-3.58
39	Calls names	-3.36
Females Positive		
6	Says nice things	5.40
2	Smiles	4.14
23	Includes me	4.05
18	Encourages me	3.92
24	Invites me	3.86
Females Negative		
30	Hurts/threatens	-4.87
41	Says to hurt	-4.56
44	Talks behind back	-4.03
50	Fights	-3.97
43	Makes fun of	-3.53

Note. Total, $N = 309$; Males, $N = 151$; Females, $N = 158$

Both males and females agree that Hurts/Threatens represents the behavior most like an unfriendly person, and Says to Hurt and Fights are ranked in the top five negative behaviors. Males ranked Calls Names and Cheats as two of the top five negative behaviors, while females considered Talks Behind Back and Makes Fun Of as more negative.

There were four behaviors to which males assigned an inverse rank. Talks First, Says Things About the Way I Feel, Spends Lots of Time Alone, and

Doesn't Talk Much were ranked by male subjects in this study as both positive and negative with a range as large as -10 to 9 for Says Things About the Way I Feel. This suggests that among themselves, male students differed considerably in their perception of some social behaviors. Males and females did not pick the same 10 descriptors for what constituted a Best Friend or an Unfriendly Person, but there is considerable overlap. Therefore, gender may be a factor in selecting critical skills.

To identify potential differences on the basis of gender, a series of *T* tests were completed between males and females across all 50 items (see Table 4).

TABLE 4

Significant Difference for Gender

Item No.	Item	Positive and Negative
Males Ranked Higher		
21	Tells jokes	3.09, 1.33
9	Agrees with me	3.39, 1.76
10	Complies with ideas	2.57, 1.18
27	Tattles	-2.29, -1.25
40	Angry often	-2.36, -1.57
28	Blames others	-2.99, -2.23
22	Goes along	2.17, 1.46
45	Bothers	-2.43, -1.77
16	Explains games	1.44, .83
13	Starts games	1.11, .52
Females Ranked Higher		
8	Tells how she feels	2.99, 1.21
6	Says nice things	5.40, 3.90
5	Gives hugs	1.45, .14
44	Talks behind back	-4.03, -2.89
2	Smiles	4.13, 3.03
41	Says to hurt	-4.56, -3.58
47	Bossy	-3.35, -2.55
15	Talks a lot	2.56, 1.79
43	Makes fun of	-3.53, -2.83
7	Says about way I feel	.37, -.37
38	Lots of time alone	-.30, .06

Note. Alpha = .05

The results revealed significant differences between males and females on 21 of the template items (alpha = .05 for all comparisons combined) where males ranked 10 items such as Tells Jokes and Agrees with Me as significantly more important than females, and females ranked 11 items such as Tells Me How She Feels and Says Nice Things About Me as significantly more important than males. It is interesting to note that two items — Says Things About the Way I Feel and Spends Lots of Time Alone — generated significantly higher rankings for females, but were also considered both positive and negative behaviors.

TABLE 5

Difference by Grade

Item No.	Item	Mean
Grade 2 Positive		
4	Shares	6.67
6	Says nice things	4.74
24	Invites me	4.59
1	Praise	4.16
2	Smiles	4.13
Grade 2 Negative		
49	Cheats	-4.07
39	Calls names	-4.05
30	Hurts/threatens	-3.99
29	Takes without asking	-3.74
41	Says to hurt	-3.27
Grade 4 Positive		
4	Shares	6.10
6	Says nice things	5.13
24	Invites me	4.74
23	Includes me	4.13
2	Smiles	3.58
Grade 4 Negative		
30	Hurts/threatens	-4.84
50	Fights	-4.48
49	Cheats	-3.81
41	Says to hurt	-3.74
39	Calls names	-3.69
Grade 6 Positive		
4	Shares	4.32
6	Says nice things	4.26
24	Invites me over	4.05
23	Includes me	4.02
18	Encourages me	3.59
Grade 6 Negative		
41	Says to hurt	-4.73
30	Hurts/threatens	-4.68
50	Fights/argues	-4.37
44	Talks behind back	-3.95
43	Makes fun of	-3.37
Grade 8 Positive		
18	Encourages me	4.81
23	Includes me	4.48
6	Says nice things	4.45
4	Shares	3.94
8	Tells how he feels	3.34
Grade 8 Negative		
44	Talks behind back	-4.89
41	Says to hurt	-4.79

30	Hurts/threatens	-4.68
50	Fights	-3.66
49	Cheats	-3.63

Note. Grade 2, $N = 36$; Grade 4, $N = 80$; Grade 6, $N = 63$; Grade 8, $N = 80$

Table 5 presents the data for all subjects by grade (two, four, six, and eight). As the data indicate, there was a basic pattern of positive and negative descriptor choices with some variation as grade level increased. There was less change between grades two and four and grades six and eight than between grades four and six. Compared with second graders, students in grade four replaced Praise with Includes Me as a top-ranked positive behavior, and Takes Things Without Asking with Fights as a top-ranked negative behavior. Sixth graders considered Encourages Me more important than the fourth graders' Smiles, and they ranked Talks Behind Back and Makes Fun Of as more representative of an unfriendly person than Calls Names and Cheats. Students in sixth grade ranked Tells How He Feels in the top five, and Cheats, highly ranked for second and fourth graders, reappears in the top five negative behaviors for sixth graders.

Also noted in the table are the reversals, or those items reported in the literature as positive or negative, but which in this study received an inverse rating. For example, Talks First is considered to be a positive attribute, and therefore the data should reflect positive means for this item. However, students across the grades ranked this behavior as both positive and negative with a range from -9 to 6.

To determine significant differences by grade, the Tukey Studentized Range (HSD) Test, which controlled for experiment-wise error rate, was conducted for each item (alpha = .05).

TABLE 6

Significant Differences Among Grades

Item No.	Item	Grades Ranking Higher	Grades Ranking Lower
2	Smiles	6	2
15	Talks a lot	6 & 8	2 & 4
26	Teases	8	2
37	Doesn't let me go first	8	2
18	Encourages me	8	2 & 4
8	Tells how she feels	8	2 & 4
4	Shares	2 & 4	6 & 8
24	Invites me	2 & 4	8
44	Talks behind back	2 & 4	8
1	Praise	2	6
13	Starts games	4	6 & 8
9	Agrees	4	6 & 8

Note. Alpha = .05

Table 6 provides data on the 12 descriptors out of the total set of 50 whose mean ranks were significantly different across grade levels. For example, Smiles was ranked significantly higher by sixth grade students than by students in the second grade. There were six attributes ranked significantly higher by upper elementary students than by lower elementary students (e.g., Smiles, Talks a Lot, Teases) and six attributes ranked significantly higher by lower elementary students (e.g., Shares, Invites Me). There were no significant differences, however, between second and fourth graders, or between sixth and eighth graders on their rankings of the template behaviors.

DISCUSSION

Much of the literature and practice in the area of social skills development has focused on the acquisition, generalization, and maintenance of behaviors selected by teachers. Although there exists some guidance in the selection of critical social target behaviors (Ladd, 1981; Tremblay et al., 1981), many teachers continue to reply on an intuitive rather than empirical process when determining the social interactive behaviors to be taught. The problem with this approach is that we often choose behaviors that will allow the child to interact effectively with adults. That is, we choose the behaviors that are important to us. However, for our training efforts to achieve our stated goal (i.e., normalized social interactions with peers), we must allow those peers to identify the social behaviors that are most salient to them. The template matching procedure provides the student input necessary for the selection of skills that may enable the acquisition of behaviors that impact directly on acceptance.

A related concern, of course, is the generalization of these skills across peers and settings. Our current technology in the area of social skills development has provided us with the means of acquisition. In addition, we have a relatively sophisticated technology for the generalization of these acquired skills that allows us to build in social responding across peers and settings. However, it is also true that with this technology we still often fail to teach skills to students with behavioral disorders that generalize and maintain in nontreatment environments. It may be that many of these intervention failures are due as much to faulty skill selection as to any particular shortcoming of the techniques used to teach the skill. Again, the template matching procedure may be a tool that will allow us to overcome this obstacle.

The results of this study suggest several things. Although there was considerable overlap in the choice of social behavior descriptors across gender, there were some interesting differences. Overall, females tended to choose more subtle forms of behavior as important positive social responses while males selected more overt positive descriptors. However, positive social descriptor choice became more subtle for males as they grew older and their choices began to obscure any gender differences across this variable. In addition, males reversed positive and negative descriptors (i.e., chose a negative behavior as positive and vice versa) more often than did females, suggesting more ambiguity or individualization for males concerning behaviors considered positive or negative. Across grade, the most striking finding was the clear split in descriptor choice between lower (second and fourth) and upper (sixth and eighth) grades (shown in Table 5). This difference may reflect important developmental changes that often occur at around fourth and fifth grade. Finally, the positive descriptors chosen by second and fourth grade subjects (lower ele-

mentary) are remarkably consistent with the work of Tremblay et al. (1981). That is, sharing, inviting (i.e., play organizers), and reinforcement continue to be critical to continued positive interaction through the lower elementary grades. These data suggest that these behaviors begin to be superseded by others as children grow older.

The current investigation represents an initial attempt to determine the usefulness of template matching as an informant-based assessment procedure for generating large-scale normative social interaction data across age and gender. In addition, few studies have attempted to identify behaviors directly related to peer rejection (Oden & Asher, 1977). Although the authors were successful in identifying patterns of responses across the target population, there are a number of concerns surrounding template matching specifically and the generation of discrete social behavior targets in general.

First, the negative behaviors identified in the literature that became the negative social behavioral descriptors included a number of very overt behaviors (e.g., hurts/threatens, says to hurt, fights, cheats, talks behind back) that were almost universally chosen by the subjects. A more fine-grained analysis of behaviors related to social rejection may be possible with this instrument if these items are considered to be universally negative across children and removed from the list of descriptors, allowing other more subtle behaviors to emerge.

In addition, template matching as it is currently used does not allow for the generation of additional positive and negative social choices by students. Children are instructed to choose from the list provided. Thus, the choices of the subjects may not, in some cases, be representative of the behaviors most important for acceptance or rejection of peers. Future work in this area might be designed to allow informant-generated responses as a part of the social behavior assessment.

Finally, in this investigation and every other study designed to identify critical social behaviors for instruction, the skills and behaviors have been discrete in nature. That is, we teach children to share, to smile, and to say nice things. We then hope that these behaviors will be used by the children and that they will be reinforced by others, and thus "trapped" (Kohler & Greenwood, 1986; McConnell, 1987) by preferred peer social environments. However, it may be that we have succeeded in generalizing or trapping behaviors that, although relevant and responsible for a degree of peer acceptance, will not result in the levels of collateral gains necessary for social competence (Sasso et al., 1991).

What is needed, then, are investigations which accurately measure the effects of the behaviors we teach on future social skills development in natural settings. Interventions of this type will allow teachers and investigators to move with more confidence toward a model of social competence individualized across children.

REFERENCES

Baer, D. M., Holman, J., Stokes, T. F., Fowler, S. A., & Rowbury, T. G. (1981). Uses of self-control techniques in programing generalization. In S. W. Bijou & R. Ruiz (Eds.), *Behavior modification: Contributions to education* (pp. 39-61). Hillsdale, NJ: Erlbaum.

Barton, E. J. (1986). Modification of children's prosocial behavior. In P. S. Strain, M. J. Guralnick, & H. M. Walker (Eds.), *Children's social behavior: Development, assessment, and modification* (pp. 331-372). Orlando, FL: Academic Press.

Bem, J. D., & Lord, C. G. (1979). Template matching: A proposal for probing the ecological validity of experimental settings in social psychology. *Journal of Personality and Social Psychology, 37*, 833-846.

Cone, J. D., & Hoier, T. S. (1986). Assessing children: The radical behavioral perspective. In R. J. Prinz (Ed.), *Advances in behavioral assessment of children and families* (pp. 1-27). New York: JAI Press.

Gaylord-Ross, R. J., Haring, T. G., Breen, C., & Pitts-Conway, V. (1984). The training and generalization of social interaction skills with autistic youth. *Journal of Applied Behavior Analysis, 17*, 229-247.

Greenwood, C. R., Delquadri, J., & Hall, R. V. (1989). Longitudinal effects of classwide peer tutoring. *Journal of Educational Psychology, 81*, 371-383.

Hoier, T. S., & Cone, J. D. (1987). Target selection of social skills for children: The template matching procedure. *Behavior Modification, 11*, 137-163.

Hollinger, D. (1987). Social skills for behaviorally disordered children as preparation for mainstreaming: Theory, practice, and new directions. *Remedial and Special Education, 8*, 17-27.

Holman, J., & Baer, D. M. (1979). Facilitating generalization of on-task behavior through self-monitoring of academic tasks. *Journal of Autism and Developmental Disorders, 9*, 429-446.

Kohler, F. W., & Greenwood, C. R. (1986). Toward a technology of generalization: The identification of natural contingencies of reinforcement. *Behavior Analyst, 9*, 19-26.

Ladd, G. W. (1981). Effectiveness of a social learning method for enhancing children's social interaction and peer acceptance. *Child Development, 52*, 171-178.

McConnell, S. R. (1987). Entrapment effects and the generalization and maintenance of social skills training for elementary school students with behavioral disorders. *Behavioral Disorders, 12*, 252-263.

McEvoy, M. A., & Odom, S. L. (1987). Social interaction training for preschool children with behavioral disorders. *Behavioral Disorders, 12*, 242-251.

Oden, S., & Asher, S. R. (1977). Coaching children in social skills for friendship making. *Child Development, 48*, 495-506.

Phillips, E. L. (1978). *The social skills basis of psychopathology: Alternatives to abnormal psychology*. New York: Grune & Stratton.

Rhode, G., Morgan, D. P., & Young, K. R. (1983). Generalization and maintenance of treatment gains of behaviorally handicapped students from resource rooms to regular classrooms using self-evaluation procedures. *Journal of Applied Behavior Analysis, 16*, 171-188.

Sasso, G. M. (1987). Social interactions: Issues and procedures. *Focus on Autistic Behavior, 2*(4), 1-7.

Sasso, G. M., Melloy, K. J., & Kavale, K. A. (1990). Generalization, maintenance, and behavioral covariation associated with social skills training through structured learning. *Behavioral Disorders, 16*, 9-22.

Sasso, G. M., Odom, S. L., McConnell, S., Chandler, L., McEvoy, M., & Ostrosky, M. (1991). *Differential treatment analysis of school-based social interaction interventions for young children with disabilities*. Symposium presented at the 17th annual convention of the Association for Behavior Analysis, Atlanta, GA.

Sasso, G. M., & Rude, H. A. (1987). Unprogramed effects of training high-status peers to interact with severely handicapped children. *Journal of Applied Behavior Analysis, 20*, 35-44.

Sasso, G. M., & Rude, H. A. (1988). The social effects of integration on nonhandicapped children. *Education and Training in Mental Retardation, 23*, 18-23.

Shores, R. E. (1987). Overview of research on social interaction: A historical and personal perspective. *Behavioral Disorders, 12*, 233-241.

Simpson, R. L., Myles, B. S., Sasso, G. M., & Kamps, D. M. (1991). *Promoting social interactions of children and youth with autism: Issues and procedures*. Reston, VA: The Council for Exceptional Children.

Stokes, T., & Baer, D. (1977). An implicit technology of generalization. *Journal of Applied Behavior Analysis, 10,* 349-367.

Stokes, T. F., Baer, D. M., & Jackson, R. L. (1974). Programing the generalization of a greeting response in four retarded children. *Journal of Applied Behavior Analysis, 7,* 599-610.

Strain, P. S., & Odom, S. L. (1986). Peer social initiations: Effective intervention for social skills development of exceptional children. *Exceptional Children, 52,* 543-551.

Tremblay, A., Strain, P. S., Hendrickson, J. M., & Shores, R. E. (1981). Social interactions of normal preschool children: Using normative data for subject and target behavior selection. *Behavior Modification, 5,* 237-253.

Walker, H. M., & Buckley, N. K. (1974). *Token reinforcement techniques.* Eugene, OR: E-B Press.

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Interviewing Middle School Students to Determine Problematic Social Tasks in School Settings

Richard S. Neel, Douglas Cheney, Nancy Meadows, and Susan Gelhar

The development of social competence in children with serious behavioral disorders is crucial to their current and future success. The relationship between problematic social behavior of children and later negative outcomes regarding employment, independent living, and criminal offenses (Neel, Meadows, Levine, & Edgar, 1988; Robins, 1978) has led researchers to explore ways to teach social skills. The argument has been that if students learn socially appropriate behaviors and use them across a variety of settings and situations, they will become more effective in dealing with the social and academic challenges of school. This increased competence may then lead to completion of high school, training for employment, and ultimately, independently functioning young adults.

Although there has been a tremendous increase in social competency research over the past few years, attempts to define social competence, its requisites, and the means by which it can be taught have produced ambiguous results. In a review of the literature on social skills training, Melloy (1991) reports that even though children received social skills training, they did not improve in sociometric status or in the quality of interpersonal relations. Gresham (1981) came to similar conclusions when he analyzed the generalization of social skills instruction to nontraining settings. Moreover, the behaviors or skills that actually differentiate socially competent from incompetent children, and knowledge of how those skills might be acquired, remain unclear (Neel, Meadows, & Scott, 1990; Putallaz, 1983; Walker, Shinn, O'Neill, & Ramsey, 1987). This is due in part to researchers' reliance on specific behaviors as indicators of the acquisition of complex social interactions. The failure to consider the contextual interdependency of the social outcomes sought and the behaviors used has resulted in confused, weak, and often contradictory results (Neel & Meadows, 1991).

Recently, research has focused on understanding the processes by which a child matches specific behaviors with the demands of various social contexts (Dodge, 1986; Dodge, McClaskey, & Feldman, 1985; Neel & Meadows, 1991). The current line of research of Neel and his colleagues (Meadows, 1991; Meadows, Neel, Parker, & Timo, 1991; Neel & Cessna, in press-a; Neel, Jenkins, & Meadows, 1990; Neel & Meadows, 1991; Neel, Meadows, & Scott, 1990) has focused on expanding Dodge's (1985, 1986) notion of social task. To summarize, these authors have hypothesized that social behavior includes a specific social context (setting, cast of persons, time frame, general situation), a social

goal or outcome (e.g., attention affiliation, acceptance, power), a social task (the problem a child faces when trying to achieve a social goal), and a behavior or set of behaviors (social skills). Each element (context, task, behavior, and outcome) is an integral part of the complex notion of social behavior. The cornerstone of this concept is the belief that social behavior can be conceptualized as occurring in response to specific social tasks.

In order to develop instruments that contribute to social skills intervention for an individual child, the social tasks that present problems for each child need to be identified. In the past, researchers have used different approaches to determine specific social tasks. Important social situations or contexts have sometimes been arbitrarily determined (Freedman, Rosenthal, Donahoe, Schlundt, & McFall, 1978; Gaffney & McFall, 1981; Spivack, Platt, & Shure, 1976). Child clinicians and teachers have been asked to generate and validate problematic social tasks (Dodge et al., 1985). Others have selected specific social tasks, such as entering a group or game, and then determined the differences in individual skills that discriminate between socially competent and incompetent children (Putallaz, 1983; Putallaz & Gottman, 1981).

These approaches all have one aspect in common: social tasks were generated by adults who were thought to be in the position of evaluating performance within tasks. Different audiences and participants in social interaction, however, have different perspectives and different opinions concerning the situations, skills, and behaviors that they believe to be most critical and/or problematic (Meadows et al., 1991). If social tasks generated are to be representative of activities in the daily lives of children for which we are programing, it is necessary that they be generated by people who interact with children *and* by the children themselves.

The initial step, then, in altering the outcomes of children who are behaviorally disordered is to identify a meaningful set of school related social tasks — tasks that are socially valid for the children teachers will be instructing. Neel and his colleagues have sought to accomplish this in two ways. First, an initial list of social tasks were generated by teachers, related service personnel, experts in the field of behavioral disorders, and students (Neel, Meadows, & Scott, 1990). These tasks were thought to represent a subset of tasks which might be problematic for socially incompetent children in middle school or junior high settings. Children's performance in these tasks may predict social competency in school settings. There was, however, a discrepancy between students' and adults' opinions as to which social tasks were most problematic. While school staff were able to agree on 15 critical tasks for school success, students could not. This discrepancy between students' and adults' opinions of relevant social tasks may be a factor in explaining the limited use of social skills in broader generalized settings.

The second phase of determining problematic social tasks led to the present study. The purpose of this study was to investigate the apparent discrepancy between adult and student perception of important social tasks in school. To accomplish this, a group of middle school students identified as seriously behaviorally disordered and a group of matched cohorts without disabilities were interviewed concerning the 15 critical social tasks discussed above and the context in which these tasks occurred. The following research questions were posed:

1. Are adult-generated social tasks also viewed as important by middle school students?
2. If a set of social tasks could be identified, which ones are judged more important by students?
3. What are the characteristics (people, setting, activities) of those tasks that adults and students view as important?
4. Are there differences in perception between general education students and students with behavioral disorders in viewing task importance or in describing task characteristics?

METHOD

Subjects

Two groups of students participated in this study. The first group consisted of 20 severely behaviorally disordered (SBD) students (based upon the state of Washington definition) from self-contained classrooms in three middle schools. As a group, the problems presented covered a wide range of behaviors. All of the students were male ranging in age from 11 to 15 years. The group included 6 sixth graders, 3 seventh graders, and 11 eighth graders. Racial backgrounds included 11 African-Americans, 8 Caucasians, and 1 American Indian.

A second group of participants was recruited from general education classes. These students were matched to the special education students by grade, race, and gender. The general education group included 6 sixth graders, 4 seventh graders, and 12 eighth graders for a total of 22 students. Parental permission was acquired for all students that were interviewed.

Interviewers

Two graduate students in special education, one male and one female, served as interviewers. They were trained in the interview format and then pilot tested the procedure with two pairs of general education students from a nearby middle school. Practice sessions were videotaped and reviewed by the project director to attempt standardization of the interview format. Since the content of each of the interviews depended upon the experiences of the subjects, the specifics of each interview differed. The process of eliciting an example for each social task and verifying the incident with other students remained constant throughout the interviews.

One of the interviewers conducted interviews with 14 of the SBD students and 8 of the general education students. The second interviewer completed interviews with 6 of the SBD students and 12 general education students. Each interviewer worked with students across two schools.

Interview Format

Interviewers met with students in pairs, except in two cases of special education classrooms where, due to absences, two students were interviewed individually. Two 45-minute sessions were completed across 2 consecutive days with each student pair. This allowed adequate time to meet the students, establish rapport, describe the project, and complete the interview questions.

The interview was composed of questions regarding 15 social tasks derived from Neel, Meadows, and Scott (1990). These social tasks were initially generated and validated by over 100 teachers, administrators, support personnel,

and students in three states. The social tasks were written to describe social issues that students encounter at school (see Neel, Meadows, & Scott, 1990, for details). They represent a balance of items relating to peer and teacher interactions, and are similar to social tasks or social problems reviewed in other studies (Dodge et al., 1985; Walker & McConnell, 1988).

Interviewers began by describing a social task (e.g., provoked by a peer to fight) and asking the students if this had ever happened to them at school. If they answered "yes," they were asked to describe a time when they had to deal with the task and give contextual details (e.g., Where were you, who was there, and what happened?). Students were then asked to describe additional situations in which they dealt with each social task. If students stated that the task had not happened to them at school, they were asked if the task had happened to other students. (Examples of interview items can be obtained from the first author.)

Efforts were made by the interviewers to encourage each student to respond to every item. After one student responded, the other student was given an opportunity to expand on the situation or to describe any similar situations encountered.

Interviews were videotaped, transcribed for verbal content, and coded. Coding categories were developed to classify the nature of the situation descriptions generated by the students. Students' responses to social task questions were coded for (a) participants involved, (b) physical location, and (c) type of activity.

The participant categories included interactions that occurred between the target student and (a) specified peer, (b) specified multiple peers, (c) teacher(s), (d) administrators or counselors, (e) instructional assistant, (f) generally stated "other kids," (g) other people, or (h) not stated. Locations were coded as occurring in (a) classrooms, (b) hallways, (c) lunchrooms, (d) school office, (e) library, (f) gym, (g) school grounds, (h) field trip sites, (i) buses, (j) other, or (k) nonstated locations. Activities were coded as (a) instructional-supervised in classroom, (b) noninstructional, or (c) nonstated.

Data Analysis

A two-step analysis was used to evaluate the social validity and content of the social tasks discussed. First, a 60% agreement level among students interviewed was utilized to verify that the social task was an observed problem. This criteria was consistent with the percentage level established in Neel, Meadows, and Scott (1990) to determine the validity of social problems across respondents. For those items that met the 60% validation criteria, further analysis was conducted on the content of each student's response. Frequency counts of the types of participants, settings, and activities were completed to analyze the features of the social situations described by students. For situation items generated more frequently by one group than the other, independent *T* tests were performed to note any statistical differences between the regular and special education populations. For these tests, students were given O if they had not observed the social task at school and 1 for each situation they described. Thus, a student who described three situations of peer provocation would receive a score of 3. Means for each group were calculated and *T* tests completed to evaluate group differences.

RESULTS

The first step in the analysis was to identify those tasks judged a problem by 60% or more of the students. Table 1 displays the social tasks discussed in the interview and the percentage of regular and special education students who reported the task had occurred. Eleven of the social tasks were validated by 50% of the students in both groups. Four tasks were related to student-teacher interactions, five were specific to peer interactions, and two were not specific as to other actors.

Table 2 reports the frequency of participant types (teachers, peers, groups, others) reported by students for the social tasks. Of the 348 situations reported, 194 involved other peers, 130 situations involved teachers, and an additional 24 included other adults (administrators, counselors).

Table 3 lists the frequency of location types reported by both groups. Across all possible school locations, the main location of social situations described was the classroom (193 situations). Frequent identification of the classroom setting was consistent across peer-related, teacher-related, and nonspecified tasks. Many locations were not explicitly stated by students as indicated in the "not stated" column of Table 3 (134 situations). The next most frequent location reported was "other" which referred to the lunchroom, office, library, gym, field trips, or the bus (85 situations). These locations were combined because no single location comprised more than 5% of the total. Hallways were the reported location for 46 situations and 26 situations occurred on the school grounds.

Finally, Table 4 shows the type of activity described by students for each social task. Students did not state any activity for a majority of the situations (52%). Situations during noninstructional times accounted for 151 (31%) situations and during instruction accounted for 101 (21%) situations.

The content of the situations generated by students for these 11 items was further analyzed to determine possible differences between the general education and behaviorally disordered students. The results for the *T* tests comparing the means of reported situations by general education and behaviorally disordered students showed no statistically significant differences at the .05 probability level.

DISCUSSION

A fundamental question investigated in this study was whether the social tasks generated by adults (Neel, Meadows, & Scott, 1990) were frequently identified as problems by middle school students. Students validated the majority of the tasks adults felt were important. Earlier studies (Meadows et al., 1991; Williams, 1987) found differences in perceptions between children and adults regarding the skills required to be socially competent. When the focus of the research was switched from required social skills to prevalent or actual social tasks, however, these differences in perceptions were not evident. These findings support the notion that social skills and social tasks are different elements of a more complex phenomena known as social competency.

One possible explanation of the specific differences in perceptions of important skills between adults and students found in previous studies may be that each group was using different social tasks to frame their context of the selections. The relationship between perceived task and selected skill has particular relevance for the development of assessment and training materials. A majority of the skills taught with existing social skills programs (e.g., Goldstein, Sprafkin, Gershaw, & Klien, 1980; McGinnis & Goldstein, 1984; Walker, Todis, Holmes, &

Horton, 1988) are taught without determining the social task to which they are being applied. The problems of transfer to nontraining settings may not lie in the selection of skills alone, but rather in our failure to understand the mechanisms that effect the selection of various skills within specific social tasks (Dodge, 1985; Neel & Cessna, in press-b).

A second finding of this study is that teachers play a more intrusive role in the lives of SBD children than in the lives of their typically developing peers. Although SBD students need more positive social interactions with their typically developing peers based upon the nature of their handicap, they report fewer

TABLE 1

Percentage of Agreement Among Student Groups for the Social Tasks – Ordered by Totals for Both Groups

	Social Task	Special Education *N* = 20	Regular Education *N* = 22	Total *N* = 42
1.	Provoked by a peer to fight or argue	100 (20)	82 (18)	90 (38)
2.	Dealing with consequences of own behavior – Lose temper with a teacher	80 (16)	86 (19)	83 (35)
3.	Criticized or corrected by a teacher in class	90 (18)	73 (16)	81 (34)
4.	Blamed for something you didn't do	70 (14)	91 (20)	81 (34)
5.	Hit by others at school	70 (14)	86 (19)	79 (33)
6.	Provoked or hassled by a teacher	85 (17)	68 (15)	76 (32)
7.	Criticized by another student	60 (12)	86 (19)	74 (31)
8.	Rejected by other students	65 (13)	73 (16)	69 (29)
9	Responsible for own actions – Picking on peer causes a problem	65 (13)	68 (15)	67 (28)
10.	Dealing with tough kids	65 (13)	68 (15)	67 (28)
11.	Dealing with teachers who don't like you	65 (13)	64 (14)	65 (27)
12.	Dealing with peer pressure	55 (11)	73 (16)	64 (27)
13.	Betrayed by other students	50 (10)	50 (11)	50 (21)
14.	Having a possession broken or destroyed	35 (7)	50 (11)	43 (18)
15.	Betrayed by a teacher	20 (4)	18 (4)	19 (8)

The first number in a column represents percentage; the second number in parentheses represents actual count.

situations where they are free to interact. General education children cited three times as many situations in nonadult supervised settings. The tasks of middle school for them are clearly with their peers in unsupervised settings. These data suggest that in an effort to promote social competence through social skills

TABLE 2

Frequency of Participant Types for Validated Situations

	Situation Participants									
	Single Peer		Multiple Peer		Teacher(s)		Other Adult		General Case	
Task No.	SE	GE	SE	GE	SE	GE	SE	GE	SE	GE
Peer-related items										
1	22	18	5	3	0	0	0	0	2	3
7	8	17	2	4	0	0	0	0	5	3
8	3	2	10	13	0	0	1	1	3	4
9	11	11	2	6	4	0	1	0	2	0
10	7	8	9	3	0	0	0	0	2	6
12*	6	13	7	5	0	0	0	0	0	3
Totals	57	69	35	34	4	0	2	1	14	19
Teacher-related items										
2	0	1	1	1	14	16	5	1	1	2
3	0	0	0	0	17	20	8	0	0	0
6	1	0	0	0	22	19	4	0	0	0
11	0	0	0	0	10	12	4	2	0	0
Totals	1	1	1	1	63	67	21	3	1	2
Unspecified items										
4	9	6	2	2	5	10	1	2	2	0
5	10	14	0	3	0	0	0	0	4	8
Totals	19	20	2	5	5	10	1	2	6	8

SE = Special education students
GE = General education students
* Validated by general education students only

instruction, we may be interrupting the practice viewed as critical by typically developing children. The SBD children in this study were more focused on teacher-directed activities, whereas their general education counterparts concentrated on solving social tasks related to peers. These findings highlight the problems we face in designing interventions for children who do not learn in the same way as their typically developing peers. How do we design formal instructional programs that replace skills normally learned informally? The task facing curriculum designers is to develop instructional techniques that develop new skills without intruding into the social processes to such a degree that they fundamentally alter the social interactions they are trying to promote.

Another concern raised by this study is the social group provided by specialized programs for SBD children. Often the peer group for these children consists of adults and other children who have severe social problems. At a time when most children are working out their peer social relationships, SBD children seem to have an overabundance of adult-mediated experiences surrounded by a set of poor models. Many of the events addressed in a day consist of "problems" created when a group of socially incompetent children are placed in highly controlled classroom situations. This may partially explain their difficulty in mainstreamed settings where teacher influence is less intrusive and the tasks presented are not similar to those that were practiced in special education. As

TABLE 3

Frequency of Reported Locations for Validated Items

	Physical Location									
	Classroom		Hall		School Grounds		Other**		Not Stated	
Task No.	SE	GE	SE	GE	SE	GE	SE	GE	SE	GE
Peer-related items										
1	7	6	5	3	3	3	9	5	5	7
7	6	7	2	0	0	2	4	3	5	10
8	1	0	1	1	1	2	8	10	6	7
9	9	5	1	2	0	5	1	1	9	4
10	1	0	3	3	1	5	7	2	6	7
12*	5	4	1	1	0	0	2	4	4	12
Totals	29	22	13	10	5	17	31	25	25	47
Teacher-related items										
2	14	15	2	0	0	0	1	1	4	5
3	20	19	0	0	0	0	4	1	2	1
6	16	12	2	4	0	0	4	3	5	0
11	8	9	1	2	1	0	1	2	2	1
Totals	58	55	5	6	1	0	10	7	13	7
Unspecified items										
4	13	11	0	2	0	2	3	4	2	2
5	0	5	5	5	1	0	0	5	8	10
Totals	13	16	5	7	1	2	3	9	10	12

SE = Special education students
GE = General education students
*Validated by general education students only
**Other = Lunchroom, office, library, gym, field trips, bus

programs are developed and refined, more attention needs to be given to increasing the opportunities for SBD children to interact with typically developing peers around a variety of social situations.

Recent studies have assisted in the identification of some of the critical components of social competency (social skills, social tasks, social goal or outcomes, and social contexts). The present study adds to a growing body of data that identifies various components of social competency. Nevertheless, it fails to clarify which elements or combinations of elements are critical to the development of socially competent children. One problem is that the definitions of the various elements are still unclear. More research will be required before drawing clear distinctions between skill, task, outcome, and situation. Clarifying these definitions is a critical step in determining how to alter social competency in children.

Another potential limitation of this and other similar studies is the idiosyncratic nature of social behavior. As Dodge (1985) posited, there may be several interrelated elements that effect how we behave. Motivational elements that guide our behavior (Dodge, 1985; Neel & Cessna, in press-a) and influence our evaluations of responses from others may have as much an effect on how we act as do the more observable elements of overt behavior and consequences. There is growing evidence that independently focusing on these various ele-

TABLE 4

Frequency of Activity Type for Validated Items

Task No.	Type of Activity: Instructional SE	Instructional GE	Noninstructional SE	Noninstructional GE	Not Stated SE	Not Stated GE
Peer-related items						
1	1	3	21	11	7	10
6	3	5	5	8	7	11
8	0	2	12	7	5	11
9	0	2	3	6	17	9
10	0	0	15	7	3	10
12*	2	1	8	3	3	17
Totals	6	13	64	42	42	68
Teacher-related items						
2	2	12	2	2	17	7
3	9	16	5	0	11	4
6	4	10	6	1	17	8
11	1	5	2	1	11	8
Totals	16	43	15	4	56	27
Unspecified items						
4	1	9	6	4	12	8
5	0	3	7	9	7	13
Totals	1	12	13	13	19	21

SE = Special education students
GE = General education students
* Validated by general education students only

ments of social competency, a frequently observed shorthand method for studying any complex interaction of variables (Dishion, 1990; Dodge, 1985; Neel & Cessna, in press-a), may not be reflective of the mechanism(s) that explain the differences in social competence of children. It may be that new methods of analysis will be required to understand the interactive relationships within the dynamic system we call social behavior (Guess & Sailor, 1992). Several investigators have begun to relate numerous factors that seem to be parts of these complex behaviors (Dishion, 1990; Dodge & Coie, 1987; Neel & Cessna, in press-b). Future research needs to be aimed at understanding the interactive relationship of these various parts. As Thelen (1990) points out, organisms are never decontextualized. There can be no logical distinction between them and their environment. Patterns of behavior come from the intimate relationship between the forces outside the individual and the forces within. Before we can effectively modify the social behavior of severely behaviorally disordered children, we must better understand this intimate relationship.

REFERENCES

Dishion, T. J. (1990). The peer context of troublesome child and adolescent behavior. In P. Leone (Ed.), *Understanding troubled and troubling youth* (pp. 128-153). Newbury Park, CA: Sage.

Dodge, K. (1985). Facets of social interaction and the assessment of social competence

in children. In B. F. Schneider, K. H. Rubin, & J. E. Ledingham (Eds.), *Children's peer relations: Issues in assessment and intervention* (pp. 2-23). New York: Springer-Verlag.

Dodge, K., & Coie, J. (1987). Social-information processing factors in reactive and proactive aggression in children's peer groups. *Journal of Personality and Social Psychology, 54*, 1146-1158.

Dodge, K., McClaskey, C. L., & Feldman, E. (1985). Situational approach to the assessment of social competence in children. *Journal of Consulting and Clinical Psychology, 53*, 344-353.

Freedman, B. J., Rosenthal, L., Donahoe, D. P., Schlundt, D. G., & McFall, R. M. (1978). A social-behavioral analysis of skills deficits in delinquent and nondelinquent boys. *Journal of Consulting and Clinical Psychology, 46*, 1448-1462.

Gaffney, L. R., & McFall, R. M. (1981). A comparison of social skills in delinquent and nondelinquent adolescent girls. *Journal of Consulting and Clinical Psychology, 49*, 959-967.

Goldstein, A. P., Sprafkin, R. P., Gershaw, N. J., & Klien, P. (1980). *Skillstreaming the adolescent*. Champaign, IL: Research Press.

Gresham, F. M. (1981). Social skills training with handicapped children: A review. *Review of Educational Research, 51*(1), 139-176.

Guess, D., & Sailor, W. (1992). *Chaos and the study of human behavior*. Manuscript submitted for publication.

McGinnis, E., & Goldstein, A. P. (1984). *Skillstreaming the elementary school child*. Champaign, IL: Research Press.

Meadows, N. B. (1991). Social competency, mainstreaming, and children with serious behavioral disorders. In R. B. Rutherford, Jr., S. A. DiGangi, & S. R. Mathur (Eds.), *Severe behavior disorders of children and youth* (Vol. 14, pp. 61-66). Reston, VA: Council for Children with Behavioral Disorders.

Meadows, N. B., Neel, R. S. Parker, G. M., & Timo, K. (1991). A validation of social skills for students with behavioral disorders. *Behavioral Disorders, 16*, 200-210.

Melloy, K. J. (1991). Identification of critical social skills and social competence for children with behavioral disorders. In R. B. Rutherford, Jr., S. A. DiGangi, & S. R. Mathur (Eds.), *Severe behavior disorders of children and youth* (Vol. 14, pp. 67-75). Reston, VA: Council for Children with Behavioral Disorders.

Neel, R., & Cessna, K. (in press-a). Behavioral intent: Instructional content for children with behavior disorders. In K. Cessna & R. S. Neel (Eds.), *Monograph: Instructionally differentiated programming: A needs-based approach for students with behavior disorders*. Denver: Colorado Department of Education.

Neel, R., & Cessna, K. (in press-b). Planes as an organizer of diversity. In K. Cessna & R. S. Neel (Eds.), *Monograph: Instructionally differentiated programming: A needs-based approach for students with behavior disorders*. Denver: Colorado Department of Education.

Neel, R. S., Jenkins, Z. N., & Meadows, N. B. (1990). Social problem-solving behaviors and aggression in young children. *Behavior Disorders, 16*, 39-51.

Neel, R. S., & Meadows, N. B. (1991). *Final report: Research for educating seriously emotionally disturbed pupils*. Seattle: University of Washington.

Neel, R. S., Meadows, N. B., Levine, P., & Edgar, E. G. (1988). What happens after special education: A statewide follow-up study of secondary students who have behavioral disorders. *Behavioral Disorders, 13*, 209-216.

Neel, R. S., Meadows, N., & Scott, C. (1990). Determining social tasks: A preliminary report. In R. B. Rutherford, Jr., & S. A. DiGangi (Eds.), *Severe behavior disorders of children and youth* (Vol. 13, pp. 38-46). Reston, VA: Council for Children with Behavioral Disorders.

Putallaz, M. (1983). Predicting children's sociometric status from their behavior. *Child Development, 54*, 1417-1426.

Putallaz, M., & Gottman, J. M. (1981). An interactional model of children's entry into peer

groups. *Child Development, 52,* 986-994.
Robins, L. (1978). Sturdy predictors of adult outcomes: Replications from longitudinal studies. *Psychological Medicine, 8,* 611-622.
Spivack, G , Platt, J., & Shure, M. (1976). *The problem-solving approach to adjustment.* San Francisco: Josey-Bass.
Thelen, E. (1990). Dynamical systems and the generation of individual differences. In J. Colombo & J. Fagen (Eds.), *Individual differences in infancy* (pp. 19-43). Hillsdale, NJ: Erlbaum.
Walker, H. M., & McConnell, S. R. (1988). *The Walker-McConnell scale of social competence and school adjustment.* Austin, TX: Pro-Ed.
Walker, H. M., Shinn, M. R., O'Neill, R. E., & Ramsey, E. (1987). A longitudinal assessment of the development of antisocial behavior in boys: Rationale, methodology, and first year results. *Remedial and Special Education, 8,* 7-16.
Walker, H. M., Todis, B., Holmes, D., & Horton, G. (1988). *The Walker social skills curriculum.* Austin, TX: Pro-Ed.
Williams, S. L. (1987). Social validation of adolescent social skills by teachers and students (Doctoral dissertation, University of Oregon, 1986). *Dissertation Abstracts International, 47,* 2537A.

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Social Behavior of Deaf and Hard of Hearing Children and Delinquency

Joan M. Goodship and Timothy J. Landrum

ABSTRACT

Research studies for years have implied a direct relationship between deaf and hard of hearing children and delinquent behavior. Current studies of the deaf and hard of hearing among the incarcerated state figures of 20 to 40%. Promising interventions, research on social integration, social skills training, and program materials are discussed.

Although social skills deficits represent a major area of concern for many students with disabilities, deaf and hard of hearing children may be at particular risk because of their difficulties with expressive and receptive language. Students with hearing impairments may miss important social cues, may have developed different senses of social rules and social order, and may be less likely to benefit from traditional social skills instructional strategies. Historically, myths regarding social deviance among people who are deaf or hearing impaired have abounded and have often exaggerated this deviance. Although the incidence of mental health problems is greater in the deaf community than in the total population, the availability of services is much more limited (Schlesinger, 1987). Since the incidence rates are much greater than those evident in the general population, it suggests the need for additional study of social-emotional problems with the deaf child (Macklin & Matson, 1985).

Hearing impairment, particularly deafness, is frequently accompanied by social problems (Gloeckler & Simpson, 1988), and there is general agreement that high priority should be given to the personal and social development of hearing impaired persons (Bishop & Clarcq, 1975; Frisina, 1972; Williams, 1975). The major problems associated with hearing loss include the severe limitation in communicating with others and feelings of isolation. The social behaviors of hearing impaired children and youth have begun to receive attention only recently. Behavioral traits attributed to deaf people include aggressive, androgynous, conscientious, hedonistic, immature, impulsive, initiative lacking, few interests, slow motor development, personality undeveloped, possessive, rigid, shuffling gait, stubborn, suspicious, and unconfident (Allen, Rawlings, & Schildroth, 1989).

The degree of hearing loss and the relative mastery of language, particularly oral communication, may influence greatly social isolation. Severely impaired children are frequently not included in group activities in which high priority is placed on verbal give and take and peer group conversation with its unique vocabulary. Already socially isolated, they may withdraw further and develop the adjustment problems that characterize many adults with hearing impairments.

Social behaviors have been linked to a series of problems in later life including juvenile delinquency, withdrawal, school failure, academic underachievement, and many socioemotional problems (Kelly, 1982; Kohn, 1977; Ullman,

1957). Research studies for years have implied a direct relationship between hearing impairment and delinquent behavior (Jensema, 1990). Vernon (1969) reported that when the communication handicap of deafness is not dealt with educationally and psychologically, primitive personality is the frequent result. Estimates of this problem in the hearing impaired group range from 10 to 31% (Meadow & Schlesinger, 1971). Hearing loss in the general population is estimated at about 5%. Studies of the hearing impaired among the incarcerated that have been conducted consistently reveal figures of 20 to 40% (Jensema, 1990). As a direct result of their impairments, hearing impaired persons may have less opportunity to acquire the interpersonal skills necessary for skilled social functioning or the subtleties of relationship exchange. The long range effects of social interpersonal inadequacy has also been a major point of contention when studying this area for children. There has been sufficient research to date to substantiate the fact that the incidence of hearing disability among inmates of jails and prisons far exceeds that of the general population (Jensema, 1990).

In this article, the authors focus on specific intervention strategies and social skills training programs that may be appropriate for the hearing impaired person who experiences social difficulties. For purposes of this article, the term *hearing impaired* will refer to both hard of hearing and deaf children with conductive, sensorineural, or mixed losses ranging from mild to profound in the better ear.

Interventions

Intervention priorities, for those charged with educating students who are deaf, have been expanded to include the psychosocial domains (Skyer, 1982; White, 1982). Students are likely to develop the greatest degree of social competence when a supportive relationship exists within a well-structured context. Interpersonal interactions should reflect the language capabilities of the student. The goal is to transfer information regarding social performance expectations into real world environments., The hearing impaired student should be guided to her/his solution of a social problem through reflective interactions from the teacher (Skyer, 1982; White, 1982). Discussions in which the student engages in irrational lines of reasoning should be redirected. By encouraging students to concentrate on sharing personal feelings and experiences there emerges a deeper self-understanding and heightened sensitivity to the impact of deafness on individual and social behavior (Skyer, 1982). Students learn to step out of themselves, examine various psychosocial issues, and develop a deeper understanding of the complexity of various dynamics and their impact on their current situation.

Classroom Schedule

The classroom schedule is a critical component in successful planning for the hearing impaired. Few components of the educational program may have as dramatic an influence on social competence as the classroom schedule (Schloss, Selinger, Goldsmith, & Morrow, 1983). The schedule allows the hearing impaired student to anticipate what will occur throughout the day. Involving the students in planning the schedule may decrease the rigid and impulsive responses characteristic of many hearing impaired students (Schloss et al., 1983). More capable students may plan their activities a week in advance while less able students may plan daily. Another strategy that will aid the student is a visual display in an age-

appropriate format. The schedule should include time intervals appropriate to the students' attention spans and alternate between students' likes and dislikes. Activities should be planned so that students may be reinforced by completing the assigned tasks before the end of the period, as activities not brought to closure may be viewed as failures by the students (White, 1982). Disruptive behaviors should not result in the schedule being changed. The goal is to teach the students to avoid unpleasant activities by scheduling or planning around them rather than "escaping" the scheduled activity.

The teacher should always make sure that the student understands what is expected of her/him. Teachers can ensure success for the student by assessing the student to establish an attainable instructional level and breaking down units into task sequences that are manageable for the student. Including in the schedule the responsibilities of the teacher or aide in assisting the student to accomplish scheduled work, the educational activity, the time, and the setting helps ensure successful completion. Parents and educators need to be reminded that academic success promotes a positive view of self and socially appropriate behavior. Academic success is as much a function of the skill of the educator as of the cognitive abilities of the learner (Gardner, 1977).

Social Skills Training

The nature of the handicap often effects opportunities to learn and practice the interpersonal competencies that are needed to develop and maintain relationships. In addition, awareness of a hearing impairment may result in avoidance of social exchanges, inhibition in social settings or even avoidance which further reduces a person's opportunities to learn how other people handle social interactions. These factors may be responsible for the loneliness and concern about social situations that are often reported as common problems by speech and hearing impaired persons who seek language therapy.

The study by Tisdelle and St. Lawrence (1986) revealed that social skills training was clearly successful in improving deficient verbal and nonverbal components of communication skills in a speech and hearing impaired person. A hearing impaired adult male received social skills training consisting of modeling instruction and behavior rehearsal in a controlled multiple baseline design to increase his nonverbal interpersonal communication skills. Detailed interviews were conducted with the hearing impaired male to determine specific interpersonal situations that were difficult for him to handle and role-play approximations of these situations were constructed. Difficult situations included the subject's initiating interactions with someone he wanted to meet, responding to another's initiation, expressing positive feelings, and accepting a compliment.

Results of the study indicated that how a message is delivered is more critical to the listener's judgment of the speaker than what is actually said. Comprehensive communication treatment may need to extend beyond the technical aspects of speech and hearing. For example, nonverbal skills such as eye contact, vocal pitch, gestures, mannerisms, and affective undertones are essential to the overall message a speaker wishes to convey (Tisdelle & St. Lawrence, 1986). If the nonverbal communication skills are inadequate, a speaker's interpersonal effectiveness will be impaired. This finding emphasizes the importance of nonverbal communication and suggests that overall judgments may reveal different impressions than assessment of articulation skills. Training consisted of modeling, instructions, behavior rehearsal, cognitive modification, and in vivo

practice assignment. Eye contact, body orientation, and gestures, as well as the actual content of the client's verbal statements were all clearly improved by the treatment intervention. The individual's role-play was videotaped after each training session. Treatment resulted in improvement in objective behavioral components during role-played interactions and generalized to untrained situations. The hearing impaired male applied the newly acquired skills successfully in untreated and untrained role-play situations.

There are available today many social skills training activities which suggest several strategies that may be used to develop socially competent behaviors. The strengths and weaknesses must be carefully analyzed so the instructional strategy best meets the students' needs. Multimethod training packages offer greater treatment strength and durability. They are applicable to a wide range of children and settings. Social competencies that are clearly defined and limited in scope are more easily developed than more general responses. Broader complex social competencies can then be taught by teaching components skills sequentially and chaining them together. Component skills development also may be monitored and evaluated more reliably than global responses.

The development and evaluation of two social skills-oriented curricula, *The New Assertive You* and *Goal Setting Skills Training* (Boone, Long, & Long, 1986) were conducted at the Arkansas Rehabilitation Research and Training Center for Deafness and Hearing Impairment. The two areas that were addressed in this effort included assertive skills and goal setting skills. Of particular interest were the effects such training might have on social adjustment, self-concept, emotional adjustment, aggressive/passive behaviors, and impulsivity of deaf persons. In general, the results of this study provide a moderate recommendation for use of the assertiveness training materials developed. While weaknesses may be cited with regard to the assessment instruments utilized, the results of this study point to strengths in the training materials for providing a structured systematic approach for addressing inappropriate social skills behaviors. The deafness rehabilitation professionals using the training package reported use of the concepts presented even beyond the course of the research project and expressed their relief to have access to such formal training materials. Such a structured proactive measure should serve to lay groundwork for a more individually focused program that is tailored to the specific needs of clients that are served (Boone et al.,1986).

As a direct result of their impairments, speech and hearing impaired persons may have less opportunity to acquire the interpersonal skills necessary for skilled social functioning or the subtleties of relationship exchange. Educators should assist the hearing impaired person in identifying provoking cues and provide an alternative prosocial response to the disruptive behavior (Schloss, 1982).

The ability to establish goals and plan for their implementation has ramifications for many spheres of a person's life. Hearing impaired youth are at risk for the development of goal setting skills. Language deficits may be involved in this situation. White (1982) identified several "areas of needed improvement" in hearing impaired youth as reported by educators. Among the areas urgently in need of improvement were an awareness of one's goals and developing the ability to make sound decisions. *Goal Setting Skills Training* (Boone et al., 1986) was developed in response to these needs.

Integration

Social integration is a goal of educating the hearing impaired with normal hearing children. Research on social integration indicates that physical proximity to normal hearing peers may not necessarily result in either social interaction or social acceptance. Teachers may need to create opportunities for social interaction between normal hearing and hearing impaired children and youth. The literature indicates two techniques that promote social integration: (a) teaching social communication skills, and (b) planning opportunities for interaction with peers. The social communication skills needed by any child for successful interaction with peers include greeting behaviors; extending and responding to invitations to join ongoing peer activities; conversation skills such as asking questions about other people's interests, responding to others' questions, and maintaining an extended conversation by taking turns to comment on the topic of conversation; and giving verbal and nonverbal compliments and positive feedback. Preliminary work with hearing impaired children has shown deficits in these skills areas.

Two studies (Mertens, 1986) were designed to examine the effect of school placement (specifically, mainstreamed vs. self-contained classrooms) on the social development of hearing impaired high school youth. In the first study, it could not be concluded that hearing impaired students in mainstreamed classrooms experience poorer or enhanced social development than do their peers in self-contained classrooms. The second study involved hearing impaired students in an undergraduate class at Gallaudet College with results indicating that students in residential schools reported less confusion and felt more integrated into the school than mainstreamed students. This is in accord with research that has found that students in mainstreamed programs tend to have better academic achievement than their peers in special programs (Kluwin & Moores, 1985; Mertens, 1986).

The concern has been raised that students in the mainstream may be gaining academic advantages while losing ground in the area of personal and social growth. Reich, Hambleton, and Houldin (1977) studied the effects of mainstreaming over time. They found that integrated students did better than their peers in self-contained classes in areas of academic and language achievement. In addition, the results indicated that the social adjustment and self-concept scores of integrated students declined over time. Mertens (1986) calls for further research "to document the nature of the social experiences of hearing impaired high school youth with a larger and more representative sample."

The purpose of the study by Foster (1987) was to learn about mainstreaming from the perspective of the deaf mainstreamed person. Indepth open-ended interviews were conducted with 15 first year students at the National Technical Institute for the Deaf at Rochester Institute of Technology. Interview topics included classroom experiences, interactions with teachers, participation in school activities, and relationships with other students. The results of Foster's study regarding social experiences in the mainstreamed school include the following: (a) They "learned more" by being around hearing people; (b) they wanted to "belong," to be a part of things; and (c) there was a "trade off" — they had a less than satisfactory social life, but received a good education and exposure to the "hearing world in return." For some students the mainstreamed school was a place of social isolation and loneliness where friendships were shallow and communication difficult. In particular, it raised questions about the "costs" of

mainstreaming for deaf students. Most often the cost was in the areas of informal class participation and social interaction. The data provided a detailed description of the school experience from the perspective and in the words of the deaf person and illuminated aspects of mainstreaming not amenable to study through the more structured statistical methods. One of the greatest challenges facing those who work with deaf students in the mainstream is to reduce this social isolation in order to enable deaf students to participate fully in all social and academic activities in school. Foster recommended further studies which examine social interactions between deaf and hearing students in greater depth, in an effort to determine which environments are the most conducive to interaction as well as which strategies work best.

Program Materials

Samuel Trychin, professor of psychology at Gallaudet University, has worked intensively with hearing impaired people and their families. He teaches a variety of courses nationwide for hearing impaired people. In working with these people, Trychin was alerted to the fact that some hard of hearing people and family members hold attitudes, beliefs, and assumptions that are not in their own best interests. That is, certain attitudes, beliefs, and assumptions related to hearing impairment are incorrect, unrealistic, or maladaptive and impede finding ways to compensate for the hearing loss. The manual *Is That What You Think?* (1988) is a result of a collaborative effort between Trychin and Wright to create a self-help guide based on a thorough knowledge of cognitive therapy techniques as they can be applied to hard of hearing people and their family members. Trychin and Wright have developed a comprehensive program for helping the hearing impaired cope with the psychological, emotional, and social issues related to hearing loss.

Several other excellent coping strategies program materials available include *Did I Do That?* (Trychin, 1987), *Getting Along* (Forgatch & Trychin, 1988), and *Coping Strategies* (Bally & Trychin, 1987). The manual *Coping Strategies* was written in response to questions that are frequently asked by people who are hearing impaired, their family members, friends, and professionals who want to help. One major problem appears to be with the generalization and maintenance of skills. Will clients use the skills they have learned during training and remember them over time? Clearly, more research is needed to answer these questions. However, it does appear these programs are potentially valuable strategies for use with deaf clients, especially as a starting point that leads to a more individualized program that builds from the goals and concepts identified and taught.

Dr. Salvatore G. DiMichael, who received the 1977 Presidential Distinguished Service Award for Promoting the Rehabilitation and Employment of the Handicapped, conducted assertiveness training sessions for the hearing impaired in 1983. These training sessions gave positive results in improving attitudes and upgrading the quality of life for the hearing impaired. The training sessions dealt with problems and situations which hearing impaired persons met in their everyday living. DiMichael stressed that almost all hearing people want to do the right thing toward hearing impaired persons, but they are often unsure how to do it. Hearing impaired persons themselves can help. All who completed the sessions gave them positive evaluations, although some profited more than others from the courses (DiMichael, 1983). DiMichael's manual

Assertiveness Training for Persons Who Are Hard of Hearing (1985) assists the hard of hearing persons through everyday experiences which could cause difficulty for them, and stimulates analysis of these situations. He demonstrates how one who is hearing impaired can be assertive in the complex and varied environments of commerce, social situations, the family, and the job. The place of humor in assertiveness is discussed, and there is a section on the civil rights of hard of hearing people. The strategy is to assist the hearing impaired persons to recognize the value of standing up for their rights. The assertive person develops a positive outlook on life by acting affirmatively.

DISCUSSION

At present, there is a need for additional research and a need for practitioners to give more attention to the social development and social integration of deaf and hard of hearing children. At this time, it is recommended that extensive research be conducted on the jail and prison population, looking specifically at demographic factors that may relate to hearing loss among this population. Although the development of personal and social competencies has long been considered an important part of education for the deaf and hard of hearing, there remains the need to enhance the personal and social competencies of children who are deaf and hard of hearing. The social development and social integration of the deaf and hard of hearing warrant more attention. Promising intervention strategies, concerns regarding integration, and social skills training activities need to be more fully considered and analyzed in the training of jail and prison officials.

REFERENCES

Allen, T. E., Rawlings, B. W., & Schildroth, A. V. (1989). *Deaf students and the school-to-work transition.* Baltimore, MD: Brooks.

Bally, S. J., & Trychin, S. (1987). *Coping strategies.* Bethesda, MD: Self Help for Hard of Hearing People, Inc.

Bally, S. J., & Trychin, S. (1989). *A newcomer's guide to an old problem: Hearing loss.* Bethesda, MD: Self Help for Hard of Hearing People, Inc.

Bishop, M., & Clarcq, J. (1975). *Planning and career development model.* Paper presented at the convention of American Instructors of the Deaf, Greensboro, NC.

Boone, S., Long, G., & Long, N. (1986, April). *Adapting and evaluating social skills curricula for use with deaf adolescents.* Paper presented at the second National Conference on the Habilitation and Rehabilitation of Deaf Adolescents, Aspon, OK.

DiMichael, S. G. (1983). Assertiveness training for hard of hearing people. *Self-Help for Handicapped Hearing People, 4* (5), 3-5.

DiMichael, S. G. (1985). *Assertiveness training for persons who are hard of hearing.* Bethesda, MD: Self Help for Hard of Hearing People, Inc.

Forgatch, M., & Trychin, S. (1988). *Getting Along.* Bethesda, MD: Self Help for Hard of Hearing People, Inc.

Foster, S. (1987). *Life in the mainstream: Reflections of deaf college freshmen on their experiences in the mainstreamed high school.* Rochester, NY: National Technical Institute for the Deaf, Rochester Institute of Technology (Also available from Office for Postsecondary Career Studies, U.S. Office of Education)

Frisina, D. R. (1972). *Technical Institute for the Deaf: Report of the first year.* Rochester, NY: Rochester Institute of Technology.

Gardner, W. I. (1977). *Learning and behavior characteristics of exceptional children and youth: A humanistic behavioral approach.* Boston: Allyn & Bacon.

Gloeckler, T., & Simpson, C. (1988). *Exceptional studies in regular classrooms.* Mountain

View, CO: Mayfield.
Jensema, C. K. (1990). Hearing loss within a jail population. *Journal of American Deafness and Rehabilitation, 24* (2), 49-58.
Kelly, J. A. (1982). *Social skills training: A practical guide for interventions*. New York: Springer-Verlag.
Kluwin, T. N., & Moores, D. F. (19850. The effects of integration on the mathematics achievement of hearing impaired adolescents. *Exceptional Children, 52*, 153-160.
Kohn, M. (1977). *Social competence, symptoms, and underachievement in childhood: A longitudinal perspective*. Washington, DC: Wiley.
Macklin, F. G., & Matson, J. L. (1985). A comparison of social behaviors among nonhandicapped and hearing impaired children. *Behavioral Disorders, 11*, 60-65.
Meadow, K. P., & Schlesinger, H. S. (1971). The prevalence of behavioral problems in a population of deaf school children. *American Annals of the Deaf, 105*, 372-385.
Mertens, D. M. (1986, April). *Social development for hearing impaired high school youth*. Paper presented at the annual meeting of the American Educational Research Association, San Francisco, CA.
National Information Center on Deafness. (1987). *Residentional programs for deaf/emotionally disturbed children and adolescents*. Washington, D.C. Gallaudet University.
National Information Center on Deafness. (1990). *Programs and resources for deaf alcoholics and substance abusers*. Washington, D.C. Gallaudet University.
Reich, C., Hambleton, D., & Houldin, B. (1977). The integration of hearing impaired children in regular classrooms. *American Annals of the Deaf, 122*, 534-543.
Schlesinger, H. S. (1987). Effects of powerlessness on dialog and development: Disability, poverty, and the human condition. In B. W. Heller, L. M. Flohr, & L. S. Zegans (Eds.), *Psychosocial interventions with sensorially disabled persons* (pp. 1-28). Orlando, FL: Grune & Stratton.
Schloss, P. J. (1982). Developing positive social characteristics with hearing impaired children and youth: The prosocial response formation technique. *Journal of Rehabilitation of the Deaf, 16*(1), 6-13.
Schloss, P. J., Selinger, J., Goldsmith, L., & Morrow, L. (1983). Classroom-based approaches to developing social competence among hearing impaired youth. *American Annals of the Deaf, 128*, 842-850.
Skyer, S. (1982). Psychosocial aspects of deafness course as a counseling tool for the hearing impaired. *American Annals of the Deaf, 127*, 349-355.
Tisdelle, D. A., & St. Lawrence, J. (1986). Social skills training to enhance the interpersonal adjustment of a speech and hearing impaired adult. *Journal of Communication Disorders, 19*, 197-207.
Trychin, S. (1987). *Did I do that?* Bethesda, MD: Self Help for Hard of Hearing People, Inc.
Trychin, S., & Wright, F. (1988). *Is that what you think?* Bethesda, MD: Self Help for Hard of Hearing People, Inc.
Ullman, E. A. (1957). Teachers, peers, and tests as predictors of adjustment. *Journal of Educational Psychology, 48*, 257-267.
Vernon, M. (1969). Sociological and psychological factors associated with hearing loss. *Journal of Speech and Hearing Disorders, 12*, 541-563.
White, K. R. (1982). Defining and prioritizing the personal and social competencies needed by hearing impaired students. *Volta Review, 84*(6), 266-274.
Williams, C. M. (1975). *The role of research and the cultural and social orientation of the deaf*. Washington, DC: Gallaudet Press.

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Former Emotionally/Behaviorally Disordered Students' Reflections on Best Educational Practices and Most Helpful Educators

Mary Frances Schneider and Susan Ireland

ABSTRACT

This qualitative study adds the perspective of former emotionally/behaviorally disordered students to the growing body of literature on best practices and teacher effectiveness by seeking their perceptions of most helpful practices and most helpful practitioners. Eleven former students of an elementary therapeutic public day school were interviewed indepth regarding their personal histories, reflections on helpful educational practices, and recollections of most helpful educators. Participants indicated that communication skills which fostered self-understanding and self-control were the most valued educational practices and that caring educators who facilitated student-educator engagement and educational engagement were the most helpful. Results were corroborated through triangulation of the data with nominated teachers and school administrators independently affirming students' perspectives.

The field of special education has added to the efficacy of the educational reform literature by focusing on the need to identify successful practices and programs for emotionally/behaviorally disordered students (The Peacock Hill Working Group, 1991). In addition to these best practices, special educators (Kauffman & Wong, 1991; Zabel, 1987) note a paucity of research regarding the nature and skills of effective teachers of students challenged with emotional/behavioral disorders (EBD). In their call for this research, Kauffman and Wong (1991) have suggested the viability of qualitative research methods for the study of effective practitioners.

The present study employed qualitative methodology in the study of both effective practices and effective practitioners, addressing these questions chiefly from the perspective of the former students — perspectives which are sorely missing in the current dialogue. The study added the perspective of former students to the growing body of literature on best practices in the area of EBD by seeking their perceptions of most helpful practices and most helpful practitioners.

METHOD

Participants and Setting

The study employed Mahrer's (1988) discovery-oriented research model in a follow-up study of graduates of a midwestern self-contained public elementary school program for students challenged with emotional/behavioral disorders. Using an ethnographic design (Stainback & Stainback, 1988), the study interviewed former students regarding their perspectives on most helpful educational practices and most helpful educators.

84

Corroboration of the interview data was established through the process of triangulation of data sources (Denzin, 1978). That is, in addition to interviews with former students, comparative interviews were conducted with each of the educators who were nominated as most helpful and with the two therapeutic school administrators responsible for curriculum, educational practices, and training.

Permission procedures. Permission to conduct the study was secured at the building level, the district level, and cooperative level. After receiving permission, the researchers drafted and sent out letters of invitation which explained the purpose of the study and requested former students' participation. The letter included the telephone numbers of a school liaison so students could call and request additional information about the study. Each letter of invitation contained a stamped, addressed postcard facilitating response to the request. Letters were sent to all 297 former students of the therapeutic elementary day school.

Of the letters sent, 73 (25%) were returned indicating no forwarding address; 12 former students (4%) returned postcards. Of this sample subset, 5 students participated in the study. These subjects were joined by 6 additional participants who, having received the letter, came to school requesting information about the study. They all agreed to participate, bringing the participant total to 11 (4%). Former students or their parents granted written permission for participation in all aspects of the study.

Former student participants. The 11 former students who participated in the study represented a wide range of clients, both program graduates and students who had been mainstreamed back into regular education. These former students had spent from 3 to 8 years in the therapeutic elementary school environment which served as the site in this study. The original population ($N = 297$) from which this sample was drawn consisted of 38% Black males, 51% Caucasian males, 5% Black females, and 6% Caucasian females; 31% of these former students were mainstreamed into less restrictive placements. With respect to socioeconomic level, 31% of the population qualified for free lunch (Illinois poverty level); and 90% of this former student population displayed IQ scores of between 85 and 105.

Of the 11 former students participating in this study, 2 were females. Verda and Elise were Black women, 25 years of age, with solid employment histories. While financing their education was a problem for these women, they both shared nursing as an ultimate career goal. Elise found her work as a paramedic meaningful given her goal to become an emergency room nurse. Elise was the only participant in the study who was engaged to marry; all other former student participants were single.

The 9 male former students participating in this study ranged in age from 15 to 20; 5 were Caucasian, 3 were Black, and 1 was Hispanic; 5 were currently completing high school — 15-year-old Mark, 15-year-old Phil, 17-year-old Matt, 17-year-old Stan, and 17-year-old Don; 4 were mainstreamed with minimal monitoring while Matt was fully mainstreamed. All but Stan were employed during their off-school hours and weekends. For the most part, employment consisted of part-time work in restaurants. Only one of these students, Matt, expressed substantial satisfaction in his evening work managing a loading dock for UPS.

The remaining 4 male participants worked in blue collar jobs. Ed, age 20, currently worked selling cars; he had a history of construction and remodeling jobs and was working to complete his GED. Mel, age 18, worked as a manag-

er-trainee in a restaurant and Rick, age 18, worked evenings unloading department store trucks. Only Norm, age 19, an emergency ambulance paramedic, expressed genuine work satisfaction.

At the time of the interview, only one former student, Stan, reported serious personal and school struggles which subsequently resulted in his return to a therapeutic high school environment. The other subjects reported a sense of coping well with their jobs, peer relations, and current family situations.

Nominated educator participants. Each former student participant nominated 1-4 most helpful educators. In total, 11 most helpful adult educators were nominated and 5 of these educators were nominated repeatedly by different students; 2 of the 11 were males, 9 were Caucasian, and 2 were Black. The nominated educators came from the larger population of individuals working at the school since the program began 14 years ago. With an annual staff average of 25 educators, during the 14 years of operation the school has employed a total of 20 certified teachers, 35 aides, 6 social workers, and 2 interventionists. During the years of operation, the staff has been 78% Caucasian, 20% Black, and 2 % Oriental.

During the period of time they were of help to the former students, 6 of the nominated educators were teachers, 2 were teachers' aides, 1 was a behavior interventionist, 1 an administrator, and 1 a congressman; they ranged in age from their early 20s to their mid-50s. Of these nominated educators, 5 still work at the therapeutic school, 1 works at a local high school, 1 is in congress, and the remaining 4 have moved and are working in other therapeutic settings throughout the state.

Administrative participants. The 2 school administrators who were responsible for curriculum, educational practices, and training were interviewed. These individuals included the principal, a 41-year-old Caucasian female who was instrumental in the development of the therapeutic school and had 14 years of administrative experience at the school; and an assistant principal, a 40-year-old Caucasian female with 8 years of administrative and 6 years of teaching experience at the school.

Interview site. The setting for videotaped interviews was a comfortable, furnished office in a quiet setting of the schoolbuilding. The videotape equipment was placed in a corner of the room out of the conversational viewing range of the participants.

Data Collection

All interviews were conducted by the major researcher, a 42-year-old Caucasian female, who was a clinical psychologist with extensive experience in the use of interviewing skills.

When possible, interviews were conducted in person and videotaped. Of the former students' interviews, 8 were videotaped; 2 were audiotaped over the telephone due to the distance from the former student's current home to the school site; and 1 interview was handwritten due to the participant's concern about records. Of the 11 nominated educators, 3 interviews were videotaped at the school site, and the remaining 8 were conducted over the telephone and audiotaped due to issues of distance from the school site and time pressures relative to home and work responsibilities. The administrators' interviews were videotaped at the school site.

Former students' interviews. The former students' interviews were semi-structured and adapted to the conversational style of the participants (Stainback

& Stainback, 1988). The interviews ranged in length from 70 minutes to 3 hours and 25 minutes. The first section of the interview consisted of open-ended questions regarding the students' perceptions of the life events that led up to their therapeutic placement as well as the story of their postelementary school experiences. Skeletal stimulus questions related to family life, pretherapeutic and posttherapeutic school experiences, work history, peer relations, use of leisure time, and religious beliefs.

In the second part of the interview, former students were asked to reflect on their therapeutic school experiences and recall what teachers did — practices or techniques — that were most helpful in improving learning and behavior. These reflections were collected in detail as were any contrary examples offered by the students. Subjects were free to comment spontaneously on these practices.

In the final section of the interview, former students were asked to nominate those educators who were most helpful, and to recall memories of situations that would show why, in their opinion, these educators were helpful.

Nominated educators' interviews. The interviews of the nominated educators ranged in length from 25 to 80 minutes. During this interview time, the educators were told that they were nominated by a specific student and then asked to reflect on their own memories of interactions with that student, selecting those rememberings that would demonstrate helpfulness. Educators were encouraged to offer their own interpretations of why these interactions might have been helpful. At no time were the former students' memories or perceptions shared with the educators.

Administrators' interviews. The interviews with the administrators ranged in length from 65 minutes to 2 hours and 20 minutes. During this interview time, administrators were asked to discuss those practices employed at the school that they perceived as best practices. They were also asked to provide evidence regarding inservices and consultation services as well as onsite documents demonstrating the administrative support of these practices. Each stated practice was documented as actual practice.

The interviews were transcribed and the data were coded and recoded for topical and thematic consistencies. While former students comment on many different practices which were corroborated by both educators and administrators, the scope of this article is limited to those perceptions in which all former students were in agreement and which were corroborated by the nominated educators and administrative personnel.

FINDINGS

In general, the findings indicated that former students identified *communication* as the most helpful set of practices and a pattern of "caring" familial engagement as the major attribute of helpful educators. These general perceptions were corroborated by the interview data from the nominated educators and the administrative personnel.

Former Students' Perceptions on Helpful Practices

The most striking aspect of the initial interview with the former students was the degree of self-understanding they displayed regarding their special needs and the practices they found most helpful. Their reflections displayed a consistent pattern of movement from disengagement to engagement with *student-staff*

communication surfacing as the most helpful educational practice. What was rather astonishing about this finding was that it was corroborated by all three groups of participants in this study. That is, the former students, the nominated educators, and the administrators all selected communication skills as their most important educational practice.

Inspection of the interview data from all three groups clarified a set of practices that formed the core of this communication process. Communication was more than listening or talking. It was described as a process in which students moved from a highly charged affective state to calmness and from calmness to thoughtful conversation — conversation which placed words on the problem state and served as a brainstorming session for ways to solve the identified problem. All three groups of participants in this study stressed the fact that this process took time, involved individual teacher-student attention, and always centered on problem solving.

The lack of experience with communicating adults was evident in the former students' personal stories — stories laced with familial and educational experiences of disengagement. For the most part, these young people were throwaway children of parents preoccupied with their own needs and educators too overburdened to build relationships.

Elise, an articulate young woman, offered comments typical of former student reflections on the lack of communication in their backgrounds. Abandoned at birth by her mother and taken in by fundamentalist relatives, she was totally unaware of her birth history until, at the age of 6, a cousin revealed the family secret. She pinpoints her longstanding issue with interpersonal mistrust to this experience. "I could not trust them anymore. . . .I have mistrust in the back of my mind, even if I know that this person is telling the truth." She notes that these feelings were reinforced by her mother who returned when Elise was age 16 with the promise of a new, close relationship, only to disappear 2 weeks later. Elise speaks of her early years:

> In our family, in general, to be a special child was negative. 'There is nothing wrong with her, she just does not want to behave.' Instead of saying, 'Yes, there is a problem. Let's all work together to help it,' it was just the opposite — there was no negotiating at all. . . .I was raised in an environment where parents spoke, you didn't. My parents never listened; they said, 'This is our law, this is our rule, and that's it and we don't care how angry you get.' Being the type of child that I was where I held everything in, if I felt that something was going to cause a problem, then I would not say anything about it. I wanted to please everybody, I wanted to make everyone happy whether I was happy or not. As long as all the adults were happy, that was fine. That was my ultimate goal. . . .I didn't know how to express my feelings. . . .I didn't like school at all, I just went because that's where I was supposed to go. . . .I couldn't concentrate on anything longer than 5 minutes. In math, I was slow and I didn't understand it and instead of the teacher saying, 'She needs help,' I was pushed to the side, because I didn't say very much. It was real easy. . . . Instead of them saying something positive to me, it was always negative like 'You're dumb, you're this, you're that.' That just started sending me back. Instead of helping me to advance. . . .A lot of times I would know the answers, but I would not say anything because I didn't want (anyone) to call me dumb. I always felt that fear of rejection.

Every former student identified their emotional or social problem as a highly charged affective reaction to events in their lives. They experienced these negative raw kinesthetic responses as emotions over which they felt little initial understanding or control. These feeling states were repeatedly described in terms of externalized states and internalized states: "I had a temper. I'd fight" (Matt); "I was real rebellious and wild" (Ed); "hyperactive and wild" (Mel); "I would fight" (Don); "I was wild, aggressive" (Rick); "angry, but didn't talk" (Stan); "sat there and looked at you. . .never argued back and forth" (Elise).

Former students described the communication process as a way of achieving insight into feelings and ultimately gaining understanding and control over their own behavioral choices. What was most striking about these reflections was that former students agreed on the steps used by therapeutic school personnel to move them out of their affectively charged problem state. They spoke of removal from the problem setting through timeout, teachers' use of timeout to achieve calmness, talking out the feelings with an educator, identifying a problem and making a plan to solve the problem. Many of the students spontaneously talked about how they currently use these ideas in their present life situations.

By far, the most elaborate stories offered by all three groups of participants in this study were illustrations of time devoted to talking through problems. The value of taking the time to talk problems through surfaced as the most valuable practice in this study. As Matt said, "They'd listen to me. Taking extra time out, being willing to talk to me. Talk it out." Ed's comments highlighted the process:

> They tried to spend a lot of time with me. . .calm me down and worked things out with me. . .talk things out. . .ask me why I was doing this. . . Asked me what do I think will help me and what did I think would make this problem better? Which helped me a lot because when you're rebellious and someone tells you to shut up and sit down that's one thing, but when they ask you, 'What do you think will help the situation?' then you have to sit down and *think*. And you say, 'Hey, this is what I have to do. This is how I can work this out.' And it gets you involved instead of being just reprimanded.

Elise echoes the value of communication, noting its role in relationship building:

> All of the teachers, when I just came here, were like a family. . . .It was like a very close-knit family. All the teachers knew what a particular child's problem was, so they knew how to handle it. . . .They would try and find a different way to do the same thing and I would agree to compromise. It was not like in school where, 'you do this and that's it.' It was a big difference for me because I felt that someone was listening to me. . . .I would come home and say, 'Mom, I love school' — I could talk and people listened.

Former students consistently contrasted these communicative experiences with experiences at other schools. They astutely noted that the elementary therapeutic school employed individualized timeout procedures designed to help them calm down and think, while other programs often used timeout procedures to subdue, punish, humiliate, or force students into isolation. Matt comments on his individualized timeout plan:

> I liked my rocker plan, I had a bad temper. We made the plan. Ms. Rhonda and me, if I felt I was going off, I'd raise my hand and would go out

and sit on the rocker. We did it up to three times a day. We both had to agree to let me take it. I began taking three every day of the timeouts and got down to two and then one and then none. I learned to ignore stuff that used to make me mad. I think what helped the most was that they hired the right people at that school.

Stan commented at length about the humiliations of timeout procedures in a subsequent high school environment. He stated in part that:

> Those timeouts were no good. I don't like to be shut up in a box. It's like jail. You are put in a box, makes you seem like you are crazy. This is what made me hate it. I don't like no door closed on me. Makes me feel like I'm crazy. I'm not crazy, just have a bad temper. Sit on a chair in a room with an open door and I can calm down.

Former students commented on the internalized long-term effects of communication and problem-solving skills. Elise offered several striking examples:

> Like even with my son now, a lot of times I'm tired but I listen to him whether it's right or wrong. I correct him in positive ways by saying, 'Maybe not like that, maybe try this.' I try to stay away from him when I'm angry because a lot of times we say things that we don't really mean, but we don't know what kind of effect we will have on this person. Because he doesn't understand that she really said that just because she's angry and she doesn't really mean it. . . .I try to give him a little room to express himself because he might have something that he would like to say — something he would like to talk about, that's important to him.

Elise discussed how she extends this communication to her relationship with her best friend and her fiance: "He values my opinion whether he's going to do it or not. We can talk."

Corroboration of Communication as Best Practice

Nominated educators supported the former students' perceptions of the communication process as the most helpful practice; 10 out of the 11 pointed out the general value of the process not only within the therapeutic school but in their personal lives. Educators often detailed descriptions of how the skills helped them deal with highly intense school experiences (e.g., Ms. Rhonda's story of supporting a student who, after a violent temper outbreak, divulged sexual abuse. She talked of wanting to run away from the situation, and instead using self-direction to talk herself through actively listening to the student). Educators also told personal stories of how learning communication skills helped them improve their negotiations with their children and spouses.

The educators indicated that communication and problem solving were fostered through consistent school practices of team consultation. Intervention teamwork lowered educators' stress levels by sharing and problem solving regarding students' needs on a daily basis. They also stated that their weekly individual consultation times with the school social worker helped them recommit to the use of good communication with their most challenging students.

These practices of communication were corroborated by the administrators who spoke at length about the school's philosophy regarding the development of communication and problem-solving skills. Life Space Intervention skills (Long, 1990; Wood & Long, 1991) were uniformly developed in the school through regular documented inservices. The school offered inservice experiences with the authors of the procedure and conducted their own inhouse mini-workshops on the

topic. These inservices were even videotaped for future staff use. Both administrators corroborated former students' perceptions that communication skills were the set of practices that fostered student engagement and built trust. In addition to Life Space Intervention techniques, the administrator noted that cognitive problem-solving skills were prominent in their affective and educational curriculum. The social skills program was discussed as an example. Both administrators stressed a cognitive orientation with teaching children to think and solve their own problems as the ultimate goal of the therapeutic program. While a behavioral level system was in place in the school system, behavioral techniques were viewed as structured ways of fostering the internalization of academic and social skills. Behavioral techniques were tied to humanistic principles.

Reflections on the Helpful Educator

Both former students and nominated educators used the word *caring* as an overall description of these helpful student-adult relationships. "He/she cared" (students' words) and "I cared" (educators' words) were standard terms employed by all of these participants. Former students told stories of specific caring acts typically involving an educator's off-duty time. The repetition of this theme made the researcher wonder if the presence of "after school caring" on the part of the educator might be understood by students as proof of relationship beyond the level of an educator's job contract. (As Matt said, "It was easy to see, they weren't just in it for the paycheck.") Elise's comments about Sally, the teacher she nominated, were typical of this beyond-duty caring:

> Sally's interest was me and how I felt. . . .I could talk and someone actually listened to me and my opinion. . .she always had time for me. I wasn't pushed aside. She even gave me her *home* number, and when I was having problems at home, I could call her at home. I was just like, oh, my god. . .it meant that she was such a caring person. . .she always — no matter what she was doing — took time out, even if she was busy doing paper work. She would stop.

Matt teared up as he spoke of his mother's death due to kidney failure. He recalled that he had just begun the therapeutic program. His home life had been difficult with an ill mother and a violently abusive alcoholic father. He recalled intermittent years living on the streets. When his mother died, the only person he knew to call was Ms. Sanders, the teacher he nominated in this study. They talked for a long time. Ms. Sanders organized his support. As Matt said,

> If ever I had a problem it was when I lost my Mom. When I was at the funeral home little did I know, I'm looking out the window and the staff (of the therapeutic school) came to the funeral home. That really shocked me and touched me. I'm not a very emotional person. . . .It shocked me. . . .I'm saying 'I don't believe this.' I'm holding my head. 'It can't be true.' It was something that brought me from being down and out to being okay. Everyone came, even the janitor — something I will never forget. Nothing they had to do. They stayed for a very long time.

Matt offered many other examples of Ms. Sanders caring. At times she showed the intrusiveness of a parent, drafting Matt's hero, a local congressman for whom Matt had done volunteer work, into monitoring Matt's school progress.

It was the congressman that Matt nominated as his other most significant educator. Matt felt that the congressman was a "caring" person, a good role model who took the time out to make sure he gave to me." Matt spoke at length

about the value of modeling. The congressman had modeled the value of caring about other people, a value he stated that he currently practiced in his own life, volunteering to work with young people at a local community center and helping out Harry, a local homeless man who lived under a viaduct. "I want to be a good role model. Many people have taken time out to make sure they gave to me and I have to give back to them."

The congressman called the researcher from Washington, DC, to talk about Matt. He corroborated working with Ms. Sanders on supporting Matt's schoolwork:

> I got on his case a couple of times when I heard he had bad grades and ...I called him up at home. I said I'm not going to be proud of you unless you do it right. His response was 'Yeah, okay, don't worry, I'll do it for you.' A lot of times in my own life when I got discouraged. . .about going to school or doing something, I would turn to my father and say, 'If you want me to do it, then I'll do it for you because I don't want to do it.' So my Dad would say, 'Well, then do it for me.' Sometimes, if you give a person a reason to do something other than themselves, they get revved up to do it. That's what I try to do with Matt. I see the importance of having people work together, help each other out. . . .My uncle for whom I was named was like a father to me. . .he didn't have any children. . .he was a tremendous influence on me. I had a lot of affection and attention from him and my Dad. . . .I feel sorry for families that don't have that. I hope that Matt will be able to help someone else out. We'll just pass it down the line.

The stories of caring relationships were laced with the metaphor of family. Stan, the seriously neglected son of a psychotic single mother, concretized the family metaphor in his relationship with his nominated educator. He recalled, "She would cook me food, give clothes, and toys." Ms. Sanders corroborated Stan's stories with memories of him, as a small boy, showing up at her house on Saturday mornings. She laughed, recalling his enjoyment of her cooking and how he used to spend the day with her, watching videos and helping her clean. She told of her love for children and how much she missed her own grown children. She told of her husband's joy at fixing up one of their children's old bicycles for Stan.

Nominated educators and administrators viewed their former students as neglected and in need of the personal self-disclosures that characterize the learnings of family life. Ms. Sally's voice was typical: "Family feelings come through with these kids. Developing personal interest in them and sharing about my life with them. Sharing." And Ms. Rhonda echoed the statement as she elaborated on her nominators:

> My kids know how big family is to me and I believe they are my family. Anytime I share 6 hours a day and 40 weeks a year with anybody, they are my family. They have seen me in crisis and I have seen them in crisis. It is a family when you go through so much together. I've been to parties with them, my family comes to their baseball games, I've been to their funerals, and they were with me when I lost my baby. Of course it's discretionary . . . It takes time, but when you have kids for 2 or 3 years, then you do become a family.

Of the nominated educators, 10 spoke at length about caring as a process of noticing what the student cares about and supplying more of that. Whether the source of engagement was art or basketball or reading or legos, the stories

were the same — educators paying enough attention to the student to notice moments of association and capitalizing on them. Ms. Rhonda's philosophy of engagement was typical of the educators' statements: "I always try to pull from the kids their strengths. . . .I firmly believe that all kids are gifted. That all kids are jewels and that they are kind of buried. If you can unravel that. . .it's my philosophy that that is what will enhance them."

The administrators viewed this caring as a long-term process in which the teams and the teachers had to decide, as Ms. Sally said, "What do you want this child to be, not tomorrow, but down the road? What do you want for this child's life? Knowing this child, what does it take for him/her to get there?" Administrators voiced a philosophy of determined optimism. Ms. Sally:

> If you go in with the expectation that you are going to have as an option that you can suspend this child, then you take the easy way out. If you go in with the expectation that I have to go as long as it takes, you have got to figure something out. . . .You have got to be much more creative and much more committed. . . .The children know that you are not going to give up on them. It may take them a long time to figure that out, but ultimately they figure it out.

CONCLUSIONS

The uniformity of belief among participants in this study regarding the selection of communication skills as the most helpful set of practices with emotionally/behaviorally disordered students and the belief that the most helpful educators are the caring educators, holds implications for educational reform movements as well as teacher training.

What was most consistent about former students' perceptions and the perceptions of their corroborators was the organized application of communication skills in the process of behavior change. The school demonstrated a coordinated treatment plan, buttressed with ongoing educational training programs, in which students moved from more external systems of behavior control toward more internalized and self-regulated forms of self-control and self-understanding (Beck, 1991; Harris & Pressley, 1991; Kazdin, 1977; Nelson, Smith, Young, & Dodd, 1991; Wolf, 1978). The reflections of former students and corroborating staff indicated that this process took time and involved teamwork, skill, and determined optimism. Is this type of coordination and collaboration viable within the current educational reform movement, especially in circumstances where teachers find themselves working in isolation without viable administrative or team support (Council for Children with Behavioral Disorders, 1984; McManus & Kauffman, 1991)?

The capacity for self-understanding evidenced by the majority of former students in this study is characteristic of the pattern of resilience drawn by researchers (Beardslee, 1989; Werner, 1986, 1989). This pattern documents mentoring, caring relationships with adults as a salient factor in the growth of the type of self-understanding that allows an individual to separate from negative history and/or heritage and create other, more viable lifestyles.

The present study paints a clear picture of the type of educators that former students found to be most helpful: Kept from burnout by a supportive administration fostering skill building and collaboration (Braaten, 1989; Lawrenson & McKinnon, 1982), they were genuinely caring, skilled communicators, creatively determined to engage the student and unwavering in their goals to foster

change. This highly developed sense of self-efficacy (Gibson & Dembo, 1984) indicates a set of persevering belief systems heavily laced with learned optimism (Seligman, 1991). Beare (1991, p. 217) stresses the need for teacher training programs to address the skill areas of "academic remediation, behavior change. . . and counseling/consultation." The question this study raises is: Can this sense of determined caring be taught?

By focusing on the perceptions of former students regarding best practices and most helpful educators, this study has attempted to add the voice of our more resilient students to the ongoing dialogue regarding teacher effectiveness in the field of emotional/behavioral disorders.

REFERENCES

Beardslee, W. R. (1989). The role of self-understanding in resilient individuals: The development of a perspective. *American Journal of Orthopsychiatry, 59*, 266-278.

Beare, P. L. (1991). Philosophy, instructional methodology, training, and goals of teachers of the behaviorally disordered. *Behavioral Disorders, 16*, 211-218.

Beck, A. T. (1991). Cognitive therapy: A 30-year retrospective. *American Psychologist, 46*, 368-375.

Braaten, S. R. (1989). *Role-related stress among a selected group of teachers of students with emotional/behavioral disorders.* Unpublished doctoral dissertation, University of Minnesota, Minneapolis.

Denzin, N. (1978). *The research act: A theoretical introduction to sociological methods* (2nd ed.). New York: McGraw-Hill.

Council for Children with Behavioral Disorders. (1984). Position statement on the regular education initiative. *Behavioral Disorders, 14*, 201-208.

Gibson, S., & Dembo, M. H. (1984). Teacher efficacy: A construct validation. *Journal of Educational Psychology, 76*, 569-582.

Harris, K. R., & Pressley, M. (1991). The nature of cognitive strategy instruction: Interactive strategy construction. *Exceptional Children, 57*, 392-405.

Kauffman, J. M., & Wong, K. L. H. (1991). Effective teachers of students with behavioral disorders: Are generic teaching skills enough? *Behavioral Disorders, 16*, 225-237.

Kazdin, A. (1977). Assessing the clinical or applied importance of behavior change through social validation. *Behavior Modification, 1*, 427-452.

Lawrenson, G. M., & McKinnon, A. J. (1982). A survey of classroom teachers of the emotionally disturbed: Attrition and burnout factors. *Behavioral Disorders, 8*, 41-49.

Long, N. J. (1990). Comments on Ralph Gardner's article "Life space interviewing: It can be effective, but don't. . . " *Behavioral Disorders, 15*, 119-125.

Mahrer, A. R. (1988). Discovery-oriented psychotherapy research: Rationale, aims, and methods. *American Psychologist, 43*, 694-702.

McManus, M. E., & Kauffman, J. M. (1991). Working conditions of teachers of students with behavioral disorders: A national survey. *Behavioral Disorders, 16*, 247-259.

Nelson, J. R., Smith, D. J., Young, R. K., & Dodd, J. M. (1991). A review of self-management outcome research conducted with students who exhibit behavioral disorders. *Behavioral Disorders, 16*, 169-179.

The Peacock Hill Working Group. (1991). Problems and promises in special education and related services for children and youth with emotional or behavioral disorders. *Behavioral Disorders, 16*, 299-313.

Seligman, M. P. (1991). *Learned optimism.* New York: Knopf.

Stainback, S., & Stainback, W. (1988). *Understanding and conducting qualitative research.* Dubuque, IA: Kendall/Hunt.

Werner, E. E. (1986). Resilient offspring of alcoholics: A longitudinal study from birth to age 18. *Journal of Studies on Alcohol, 47*(1).

Werner, E. E. (1989). High-risk children in young adulthood: A longitudinal study from birth to 32 years. *American Journal of Orthopsychiatry, 59*, 72-81.

Wolf, M. M. (1978). Social validity: The case for subjective measurement or how applied behavior analysis is finding its heart. *Journal of Applied Behavior Analysis, 11*, 203-214.

Wood, M. M., & Long, N. J. (1991). *Life space intervention*. Austin, TX: Pro-Ed.

Zabel, R. H. (1987). Preparation of teachers for behaviorally disordered students: A review of literature. In M. C. Wang, M. C. Reynolds, & H. J. Walberg (Eds.), *Handbook of special education: Research and practice* (Vol. 2, pp. 171-193). New York: Pergamon.

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Students and Parents Discuss Timeout: A Preliminary Analysis of Group Interview Data

Gordon Wrobel and Frank H. Wood

ABSTRACT

A focus group interview procedure was used to elicit student and parent attitudes toward the use of timeout as an intervention with students who have emotional and behavioral disorders. Student attitudes were predominantly negative. As alternatives to timeout, they suggested "talking things out" and short-term suspension from school. Parent attitudes resembled those of educators in programing using timeout. Implications for programing are discussed.

Most discussions of the use of timeout as a consequence for the inappropriate behavior of students with emotional and behavioral disorders has focused on the efficacy of the intervention and the ethics of use with an at-risk population. Because this is a short article, this literature will not be reviewed in detail. For an excellent discussion of the major issues, see the position paper adopted by the Council for Children with Behavioral Disorders (CCBD, 1990). The participants in these discussions have been primarily professional educators and mental health care providers, or on occasion, legislators and state agency personnel. Input from parents and students has been limited, often drawn from experience with single cases or hearsay.

Timeout, as defined in the CCBD position paper (1990), "refers to a behavior reduction procedure in which youngsters are suspended for a short period of time from access to all opportunities for reinforcement contingent upon their displaying inappropriate behavior." (p. 248). Timeout is a complex procedure involving elements of response cost (removal from a reinforcing environment), extinction and/or punishment (placement in a nonreinforcing environment that some students may find punishing), and negative reinforcement (return to a reinforcing environment). To the students interviewed for this study, the term *timeout* called up associations with experiences of exclusion timeout in crisis areas separated from their classrooms and seclusion in specially constructed and supervised timeout rooms. Timeout was administered by trained and supervised staff in these programs. The use would have satisfied the standards laid down in the CCBD position paper:

> Appropriate use of this procedure entails several components including verbalizing the reason for timeout, providing a warning, providing appropriate instructions, locating the timeout area in an appropriate place, limiting the duration of timeout, scheduling timeout appropriately, requiring appropriate behavior before release, and removing potential sources of reinforcement in the timeout area. (p. 249)

Sheldon Braaten of the Minneapolis Public Schools and Martha Simpson of Intermediate School District No. 916 in suburban Saint Paul assisted the authors in this investigation. The authors would like to express their appreciation to the staffs and students of those programs.

In addition, after students behaved appropriately in the timeout setting, timeout staff talked with them to be certain that they were ready to return to their classrooms and behave appropriately. In one senior high level program, students were required to write out a description of the inappropriate behavior and an appropriate alternative before returning to their classrooms.

In a recent study, Wood and Wrobel (in press) asked students with emotional/behavioral disorders in two secondary-level programs to answer questions about timeout as an intervention for problem behavior. The student responses indicated a generally positive and supportive attitude towards the use of timeout in these two programs, particularly when it was used with someone other than the individual responding to the question. Older students were more positive about the use of timeout than younger students, perhaps reflecting the lower frequency of use with older students in the programs from which the study population was taken. Students with positive attitudes toward the use of timeout were lower on indices of problem behavior status such as suspension and frequency and duration of visits to timeout. As part of a follow-up to this study, the authors planned focus group interviews of students and parents to determine whether information about their perceptions of timeout obtained using this methodology would be consistent with that obtained from the questionnaires.

METHOD

Focus Group Interviewing

Originally developed as a tool by market researchers, focus group interviews have been applied by other social scientists to a variety of topics (Krueger, 1988; Morgan, 1988). Krueger defines a focus group as follows:

> The focus group is a special type of group in terms of purpose, size, composition, and procedures. A focus group is typically composed of seven to ten participants who are unfamiliar with each other. These participants are selected because they have certain characteristics in common that relate to the topic of the focus group.
>
> The researcher creates a permissive environment in the focus group that nurtures different perceptions and points of view without pressuring participants to vote, plan, or reach consensus. The group discussion is conducted several times with similar types of participants to identify trends and patterns in perceptions. Careful and systematic analysis of the discussions provide clues and insights as to how a product, service, or opportunity is perceived. (p. 18)

The focus group procedure provides a method for assessing the attitudes and feeling tone of a group of consumers (students) toward a service (timeout) provided them by the school personnel.

The Present Study

Six student focus groups were interviewed. Sizes of the six student groups ranged from 2 to 7 (actual *N*s: 2, 3, 3, 4, 4, 7). Of the student participants, 21 were male and 2 were female. The students were nominated by teachers at five different programs serving students labeled emotionally and behaviorally disordered (EBD) according to state criteria. Because of the severity of their disabilities, all of these students were placed all day in special schools. Student fami-

lies varied in socioeconomic status. The ethnic groups represented were European-American and African-American. As a group, the students were a representative but nonrandom sample from the five programs.

Two fathers and two mothers participated in the single parent focus group interview. These parents cannot be considered a representative sample of all parents of students in the five programs, but some of their comments, which provide a viewpoint that contrasts with that of the students, will be cited.

For most interviews, two interviewers were present. One interviewer took the major responsibility for conducting the focus group. Although the interviewers sometimes were authority figures known to the students, there was no indication that this inhibited the students' responses which were open, candid, and sometimes quite critical of aspects of program and of individual members of the staff, as excerpts from transcripts of the interviews will demonstrate.

The focus group interview discussion was guided by questions asked by the principal interviewer. The questions were asked in generally the same sequence in each interview, although participants might spontaneously introduce topics that had not yet been introduced or return to the topic of a previous question. The questions were open-ended and constructed so as to encourage elaborated rather than "yes/no" responses. The questions used with students asked for their personal feelings about timeout as an intervention, their sugges-

1. Tell us your name and briefly tell us what comes to mind when you hear the word timeout. (Ask each participant to respond.)

2. Think about timeout (or its equivalent) in this school/program and tell us what you think timeout is used for. What is timeout all about?

3. What does it feel like to be in timeout? What do you do or think about most often when you are in timeout?

4. Sometimes some students use the time in timeout to help themselves, and other students do not find timeout helpful at all. What do you think the difference is between timeout that is helpful and timeout that is not? What is it that makes it so?

5. What are some things to be careful of in using timeout?

6. How could timeout be made to work better for more students?

7. What could the staff do instead of use timeout to help students?

8. Who benefits from timeout?

9. Today we have tried to find out your thoughts about timeout; is there anything we missed?

Thank you for your participation. Are there any questions?

Figure 1. *Questions about timeout in order presented to students interviewed.*

tions about alternatives to timeout, and the cost/benefit aspects of timeout as they perceived them.

The questions used with adults were similar, asking about the parents' feelings about timeout as an intervention, its use with their child, their views on alternatives to timeout such as suspension, and the cost/benefit aspects of timeout as they perceived them. (Copies of the questioning routes for students and parents may be obtained from the second author.)

Interview sessions were recorded on both video- and audiotape and later transcribed. The full text of the transcriptions totals approximately 120 single-spaced pages. Transcriptions have been coded for analysis using Textbase Alpha software (Sommerlund & Kristensen, 1989). Some of the most salient attitudes toward timeout expressed by students and parents are shared in this preliminary report.

RESULTS

The presentation of findings is organized according to several major themes that emerged in the focus group discussions. Illustrative excerpts are provided from group transcripts. These have been identified by the grade placement and ages of the students as either junior or senior high school without reference to specific program. Students are identified by names assigned by the investigators that have no association with their actual names. Omissions from statements are indicated by ellipses (. . .).

Initial Responses to the Concept of Timeout

Examples of positive initial comments from a group of senior high school students follow.

> Allen: What comes to mind when I first hear the word? Timeout, it's a time to calm down and a time to get rid of disruptive behavior and. . .
>
> Ben: When I hear the word timeout, I'm kind of like Allen; and they take timeout out to make another choice and making a bad choice and you can say, "Hey!," and you can make a different. . .make a new choice instead of a bad choice.
>
> Charles: When timeout first comes to my mind: A place to calm down and collect your thoughts so that way you can continue along in your day with a positive attitude.

These students describe timeout in language that might be used by program staff to explain its purpose among their list of intervention strategies, emphasizing its potential for promoting positive changes in student behavior and attitudes. In contrast, another group of students from the same high school program expressed much more negative views.

> Don: Timeout is bulls—t.
>
> Ed: It's a waste of time to go in there. They want you to write stuff down but you probably already knew what you did so it's just a waste of time, basically.
>
> Fred: Just get you f——n' mad.
>
> George: To me, timeout, it's like a prison. It's like when you do somethin' it's always timeout this, timeout that, and just like to me. . .just a f——n' prison.

Timeout to these students felt like an assertion of power by the school rather than an intervention that helped them deal with their problems.

99

Timeout as a Humiliating Experience

These negative views on timeout were amplified by many students as the interviews continued. Timeout, particularly seclusion timeout, was described as humiliating. A male senior high school student who had been in two different programs, one in which seclusion timeout was used and another in which timeout without seclusion was used, described the difference in the two programs as he experienced them:

> Charles: The difference I see from last year to this year cuz I was (in another program last year). That was more degrading than even this one is. Cuz you have to stand up in a carrel for 5 minutes or however minutes you got like you're some little child. Go sit in the corner. It's like. . . .It's just kind of humiliating and degrading and then like we're being locked in a room because like you're upset. If you're that upset you don't even need to be in school. Put somebody in a room and lock them up just doesn't have any meaning. What do they do, they probably calm down but they could say they're upset but their feelings are still there; it's not going to change anything. So maybe they settle down a little bit. I feel they should go home if they're going to be that way cuz that's not what school's about. They just have to learn not to act that way to be thrown in a locked up room. Actually this year is better than last year.

The student who made this comment was one of those whose positive comments in response to the first question about timeout has already been quoted. Two other male high school students expanded on the humiliation of being treated as powerless, like "animals."

> Hal: It's just stupid, man. It's just dumb. It's like we high school students. I don't feel we should have this, man. I can understand some elementary kids or I don't think we even in junior high. Cuz if you goin' to timeout, and if you talk in timeout, they put you in like a jail. They call lock up. You get up in there and there ain't nothin' but walls and a ceiling and junk.
>
> Jack: And they take your shoes.
>
> Hal: They take your shoes, your belt. They just put you in a lock up place, man. Just for talkin' in timeout. It's stupid, man. They want to treat you like animals but you ain't actin' like animals. I can understand if you was actin' like one.

In general, all students experienced timeout as punishment, usually described as undeserved. One senior high school student said:

> Karl: Yeah, then (the teacher) blocks you totally out and keeps on walking and then you have a timeout. Like, say, when you know you didn't do something, and you want to defend yourself. Then, they pull this childish game. There'll be a whole bunch of them in there, (and they'll say), "Don't talk to (another student) until he's finished his time."

A female high school student described her belief that being sent to timeout actually caused her to behave less appropriately:

> Alice: I get mad. I, personally. . .I get more angry going in that room than when I'm initially angry, before when I get sent out of the classroom. I mean everything. They would try to restrain me. I think it is really wrong, and it just makes me want to do everything.

Students sometimes made a point of rejecting the positive explanations staff give in explaining the use of a timeout room or reported that the purpose of timeout was misrepresented to them by staff. The female high school student

just quoted contrasted her recollections of what she was told about timeout when she entered the program with her personal experience with it.

> Alice: If you don't start your time right away, they make you do more time. I thought timeout, when I understood it when I first came here was it was a way for me to calm down and me to find and work through my feelings.
> Max: Yeah, that's what they tell you when they give you the tour.

Alternatives to Timeout

Students suggested two alternatives as preferable to timeout. One suggestion was an opportunity to "talk things out" with a teacher or counselor. Another was "being sent home for the day," or a short suspension from school.

Talking it out. A female high school student tried to explain how talking things out was more helpful to her than a session in timeout.

> Alice: Well, I mean like there's a difference (between timeout that is helpful and timeout that is not). Like when I really need to be out of the classroom, or I'm really edgy, and I'm really mad, or I'm just really in a bad mood or something. You know, maybe going down there and like sitting there and talking to (timeout teacher) or sitting there and talking to somebody. But. . . .they don't give you time to work through your problems and maybe be alone.
> Nick: Yeah.
> Alice: I'm the kind of person that when I'm really really mad, I need to be alone, because I get assaultive when I'm mad. I do. I mean when I'm mad I'm very angry, and I think that sometimes they're helpful, like if they let you walk or whatever, like (teacher). He takes me on a walk. I think that's really helpful. . .to talk to someone. You know, you're walking and you feel a little bit better. But at other times, like when you get sent there like automatically, then you like, "Well, this is great!" You know what I mean? It's like they use it against you.

The students' memories may be selective, but it was clear that they associated "talking it out" with coming back from timeout feeling better than on occasions where they simply "do their time."

"Being sent home" or suspended. One of the reasons the special education program was not like a "real" school to the students interviewed is the practice of sending students to timeout for behavior that would lead to suspension at a "real" school. Two male senior high school students explained what they thought should be done if a student behaved inappropriately:

> Jack: Straight to the principal.
> Hal: They got to suspend them. Because they don't have no other choice. It's got to be just like any other school. If you fight or you attempt to fight, or you push, or you shove, that's a conduct. And you know you got to get suspended for it. They can't just skip it cuz that ain't fair to nobody else that did it and got suspended. They got to treat them like they treat the other (non-EBD) students.

Students accepted the idea that punishment is an appropriate consequence for misbehavior, but they frequently voiced a disbelief that timeout was an effective or age-appropriate punishment. A male junior high school student described the program as "weak" because it used timeout as the consequence for behavior he felt warranted suspension.

Ole: This school is kind of weak, too. Because, like in regular school, if you cuss you get suspended and sent to the principal. In this school, you cuss, you goin' to timeout. I think they should get suspended because most kids is like, "What's timeout?" All you're doin' is goin' to spend a minute, or 2-3 minutes, or whatever. . . .All you're really doin' is goin' to do your time. I think they should get suspended or get detention or somethin' when they cuss or do somethin'. That's going to do somethin' to make them learn their lesson.

Is There a Need for Timeout?

Given these negative memories of their personal experiences with timeout and their stated preferences for alternative interventions, did the students interviewed see a need for timeout? Some did, but they qualified the need by nominating other students as those in need. A male junior high student responded to the question, "Who benefits from timeout?," as follows:

Phil: Well, actually the students do. Some students in this school, if they don't go to timeout, they'll end up beatin' somebody's face in, and then we'll have just a little riot in the school then. I guess that benefits the students a little bit better for timeout to do that. Because I've seen a couple kids, they were bein' restrained, but they were really tryin' to get at each other so they could just scrap.

Another male senior high school student also admitted there were times when timeout might be appropriately used.

Roger: Yeah, the students in the class sometimes (benefit). If it's really an outrage in the class. If there's only two people doing it. If it's an outrage in the class, the people in the class benefit from it, but that's the only time. But most of the time, it's the teacher.

Most often, teachers or other students were described as benefiting from the use of timeout. Fewer students described timeout as of benefit to themselves. This is consistent with the findings from Wood and Wrobel (in press) in which a questionnaire was used to determine student attitudes toward timeout. They found that students tended to be favorable in their attitudes toward the use of timeout as an intervention, strongly agreeing that "some kids at this school need timeout." However, they qualified this positive endorsement when the question referred to their own experience. For example, a strong minority of students agreed with the statement, "I get sent to timeout too often."

Parent Attitudes Toward Timeout

As already mentioned, the four parents interviewed are representative of only one of the five programs from which students were drawn. However, it is useful to compare their attitudes toward timeout with those of the students, particularly on the issue of using suspension as an alternative to timeout.

Mrs. Albert: I would rather see a timeout situation, whether it's self-imposed or imposed by the teacher, used in other school situations rather than making the children stay after school and putting in, you know, just doing time after school or expelling them. Because I think we're sending the wrong message then. I think the way it's handled here, where the timeout is followed immediately after the situation, so there is no question

in the child's mind, "Why am I being disciplined?" They know right off exactly why they are being disciplined. And I personally would like to see it implemented in other situations as well.

Mr. Jannes: I don't think they expel anymore as much as they used to because of the reward of being expelled. That would accentuate the bad behavior. And I guess our children are here because they have a learning disability of some sort or another. I'm just kind of putting it broadly. And in the public schools system, and if they're basically more emotionally squared around, the kids that are in that situation, they can see that, "Hey, if I'm in detention, it is a direct result of what happened a little while back," as compared to the students here that are having problems either emotionally or educationally where they need the positive or negative reinforcement immediately. Because there is positive reinforcement here also.

It is clear that these parents see timeout as an effective punishing consequence for inappropriate behavior.

DISCUSSION

In planning the present study, the investigators predicted that students with emotional/behavioral disorders might be more comfortable while candidly expressing their views in a permissive group situation than in one-to-one interviews. While this prediction is a hypothesis that was not tested in the current research, the authors can report that most of the student participants appeared quite comfortable expressing themselves freely about timeout as they had experienced it.

Despite the limitations arising from use of a nonrandom sample of students, the present investigation provides useful information about the attitudes of students toward timeout. The students interviewed came from five different programs and varied in ethnicity and family socioeconomic status. However, preliminary analysis of their responses to questions about timeout reveals a remarkable consistency in attitude.

As a group, the students are quite familiar with adult (teacher and parent) rationales justifying the use of timeout, but they do not accept them. Among the themes that emerged consistently in their responses was a belief that timeout is applied unfairly and inconsistently, usually meets teacher needs rather than student needs, and does not help them deal with their bad feelings. They recognize that timeout sometimes may be needed as a behavior control procedure but feel it is overused and poorly used. In adult language, we might say students feel our use of timeout often is unprofessional. As alternatives, they recommend suspension and talking things out.

How should we respond? The hardest thing is to listen carefully without becoming defensive. At this point, the authors want to make clear their respect for the professionalism of the staffs of the five programs from which the students interviewed came. The use of timeout in these programs is directed by principles that clearly meet "best practice" standards and results are carefully monitored. Can we make suggestions that might improve the use of timeout in such programs?

As a group, the students did not suggest that the use of timeout be ended. As the parent group recognized, students' preference for being sent home on short-term suspension is not a good alternative. If suspension had proven effec-

tive in changing the behavior of such students, few would be in special education programs. Furthermore, the ruling of the Supreme Court in *Honig v. Doe* (56 S. Ct. 27, 1988, as cited in Yell, 1990) places stringent limitations on how suspension may be used with students with emotional and behavioral disorders. Examined carefully, suspension does not seem a useful alternative to timeout for students with severe emotional and behavioral disorders. The students, themselves, may have been aware that in asking for suspension they were like fish asking to be disciplined by drowning.

Talking things out with students in an effort to avoid escalation of problem situations to a level where timeout may seem necessary may offer more promise with students at the cognitive and emotional level of development of those in the group interviewed. The main problem in implementing this alternative is a shortage of a valuable resource — teacher or counselor time. The students believe that they often would gain more from talking through their problems with an adult than from being sent to timeout, which they assert makes them more angry and confused than providing benefit. Teaching students to make productive use of times for talk will place new demands on staff, but this procedure deserves thoughtful consideration as an alternative to timeout for some adolescents with emotional and behavioral disorders.

Even when it is not possible to talk things out in every situation where students might think it desirable, we may be able to use timeout in ways that reduce student anger at the humiliating experience of being coerced into "doing a timeout." Teachers can frequently discuss the general reasons for the use of timeout, recognizing and accepting the students' view that it is more often punishing than therapeutic in its immediate effects. When requiring a timeout, teachers can state briefly the reason it is required. To borrow the words of a male high school student,

> Steve: There's nothing wrong with timeout. Timeouts are OK, but if they start giving them, letting us know that they are trying to help us by giving them to us, instead of giving them to us like, "Here, you're doing this (timeout procedure where student must sit or stand without speaking for several minutes and then write out a statement of what he did that led to the timeout) and give me it (the written statement) when you're done." If they like said to us, "Come on, you got to do a timeout for what you just did." There's two staff in this whole building that gives a timeout the right way (i.e., like this).

In the context of what other students have said, this student is asking us to be honest about timeout. Timeout is not a place where students are sent to calm down and feel better. Timeout is a place students are sent for punishment when they are disruptive and noncompliant. "If the real purpose for intervening is to help us calm down and feel better," students appeared to say in these interviews, "talk things out with us. If the real purpose for intervening is to punish our noncompliant, disruptive behavior, or if talking it out hasn't worked, then we will accept timeout as an appropriate penalty. But teachers shouldn't tell us that going to timeout is helping us calm down and feel better when we feel it makes us more frustrated and angry. To talk as if our feelings aren't real shows a lack of respect for us students, and leads to a loss of our respect for teachers and the program."

REFERENCES

Council for Children with Behavioral Disorders. (1990). Position paper on use of behavior reduction strategies with children with behavioral disorders. *Behavioral Disorders, 15,* 243-260.

Krueger, R. A. (1988). *Focus groups: A practical guide for applied research.* Newbury Park, CA: Sage.

Morgan, D. L. (1988). *Focus groups as qualitative research.* Newbury Park, CA: Sage.

Sommerlund, B., & Kristensen, O. S. (1989). *Textbase alpha.* Desert Hot Springs, CA: Qualitative Research Management.

Wood, F. H., & Wrobel, G. (in press). Consumer perspectives on timeout. In S. Braaten (Ed.), *Programming for adolescents with behavioral disorders* (Vol. 5).

Yell, M. L. (1990). The use of corporal punishment, suspension, expulsion, and timeout with behaviorally disordered students in public schools: Legal considerations. *Behavioral Disorders, 15,* 100-109.

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Consultation and the Communication Process: Research, Best Practices, and Students with Behavioral Disorders

Stephen P. Safran and Joan S. Safran

ABSTRACT

Collaborative consultation is fast becoming a preferred means of service delivery to students with special needs. In this article, the authors review relevant research in communication in school-based consultation, report on field-based studies, and summarize the few studies in behavioral disorders. Service delivery implications for students with behavioral disorders are also discussed.

Collaborative consultation is fast becoming a preferred means of service delivery to students with special needs. According to critics, the zeal with which collaboration is advocated often exceeds the actual research base (Witt, 1990) which includes but a minimum of field-based studies (J. S. Safran, 1991). In this article, the authors take a marked departure from previous reviews (e.g., Alpert & Yammer, 1983; Medway, 1982; Polsgrove & McNeil, 1989) by focusing on several unique components in the school-based consultation literature. First, since communication is central to this process (Daniels & DeWine, 1991), only published experimental and field-based reports on communication in school-based consultation are included. Second, any studies specifically related to behavioral disorders are identified; and third, service delivery implications for students with behavioral disorders per the overall literature are discussed.

To identify the greatest number of relevant publications, the authors followed several steps. First, using related descriptors, over 1,000 abstracts from the ERIC and PSYCHLIT computer databases were reviewed. Second, reference lists from all selected articles were perused to cite any sources that may have been omitted on the computer searches. And finally, several national experts were telephoned to identify additional sources or those in press. It is important to reemphasize that since the focus is on *communication* in consultation, only references pertaining to this area or which contain it as an important program component are included. The review is therefore divided into several topical sections covering behavioral consultation (including the work of John Bergan and colleagues and related research), reports from the field (focusing on school climate and culture and factors common to successful programs), research in behavioral disorders, and a discussion of conclusions and implications.

BEHAVIORAL CONSULTATION

The Work of Bergan

The most influential investigations in communication and behavioral consultation are by John Bergan and his associates (Bergan, Byrnes, & Kratochwill,

1979; Bergan & Neumann, 1980; Bergan & Tombari, 1975, 1976; Tombari & Bergan, 1978). In their "micro-analytic" conceptualization of the verbal interaction process, which focuses primarily on communication content devoid of contextual factors (Benes, Gutkin, & Kramer, 1991), the consultant (e.g., a school psychologist) provides indirect services to a consultee (e.g., a teacher) who in turn implements an intervention program with a client (e.g., a student). According to Bergan, the behavioral consultation process contains four distinct steps:

1. Problem Identification, where the target behavior(s) are specified during the Problem Identification Interview;
2. Problem Analysis, where the intervention plan is developed during the Problem Analysis Interview;
3. Intervention; and
4. Problem Evaluation, which includes the Problem Evaluation Interview.

This structure, as well as Bergan and Tombari's (1975) Consultation Analysis Record which assesses the content of verbal interactions, continues to be used in current research (e.g., Martens, Deery, & Gherardi, 1991; Martens, Lewandowski, & Houk, 1989a).

The contributions of Bergan and his colleagues include identifying the Problem Identification Interview as the most important stage of the consultation process. Consistent with the tenets of applied behavior analysis, if problem identification occurs (specification of target behaviors), then the probability for successful intervention also substantially increases (Bergan & Tombari, 1976). In addition, if consultants directly question teachers about their available resources (means/strategies to use in interventions) for problem solving during these interviews, then they are more likely to identify specific resources in their intervention plan (Bergan & Neumann, 1980).

In sum, this research is shaped by the investigators' applied behavior analysis perspective, and the consultant deliberately attempts to "mold" the consultee's verbalizations and conceptualization of the problem to fit a behavioral frame of reference. Similarly, consultant approval is provided for consultee specificity and discussion of observable behaviors (Tombari & Bergan, 1978), and verbal interactions are conceived as structured, task-oriented, linear exchanges among parties. Research designs (which are limited to analyzing consultant/consultee interactions), however, while optimizing experimental control, may diminish external validity by decontextualizing the process from the complex realities of school life (see Daniels & DeWine, 1991; S. P. Safran, 1991). School-based consultation does not occur in isolation, devoid of affect, personality, nonverbal communication, hierarchical structure, and so on, and subsequent studies have begun to address these factors.

Additional Research

Research in behavioral consultation continues to dominate the communication and school-based consultation literature. Over the last two decades, these investigations have also evolved from simpler linear research designs (analyzing consultant to consultee to client communication; e.g., Cossairt, Hall, & Hopkins, 1973) to more complex multivariate designs (e.g., D. Fuchs & Fuchs, 1989), cover an array of topics, and rarely focus on behavioral disorders.

In an earlier multiple baseline study, Cossairt et al. (1973) found that a consultant's feedback (information on student attending behavior) plus social praise

to a teacher (for giving social praise to students) led to an immediate increase in the teacher's use of social praise. Evaluating the influence of consultant skill level, Curtis and Watson (1980) discovered a positive relationship between consultees' problem identification skills during Problem Identification Interviews and teacher use of consultants (teachers spent twice as much time with highly skilled consultants). Similarly, Revels and Gutkin (1983), using an undergraduate sample, determined that "high status" consultants (Ph.D. with experience vs. undergraduate without) generated significantly more consultee problem-solving verbalizations. Conoley and Conoley (1982) analyzed the effects of combining behavioral and client-centered (more psychodynamically oriented) approaches on consultees' problem descriptions and intervention development. After reviewing the data from coded interviews, they concluded that a consultee's affective and problem identification needs could be met through a combined consultation approach.

Analyzing the social power relationship in consultation, Erchul (1987) determined that although behavioral consultants are not *domineering* (attempt to control regardless of acceptance or rejection), they do *dominate* (where control is accepted). Therefore, true collaboration is unlikely in behavioral consultation because the consultant-consultee relationship is defined by the hierarchy within schools (with consultants having more authority). These results are generally supported by Witt, Erchul, McKee, Pardue, and Wickstrom (1991) who found that consultants were more successful (78% of the time) than were consultees (58%) at changing the topic. Consultants "talk more about what they want to talk about."

Extending Bergan's work, Martens and his colleagues (Martens et al., 1989a; Martens, Lewandowski, & Houk, 1989b; Martens et al., 1991) and Benes et al. (1991) analyzed specific aspects of consultant-consultee interactions. Martens et al. (1989a) found that although consultees asked fewer questions during Problem Identification Interviews, they spoke more frequently about student behavior. Interestingly, consultee satisfaction with the consultation process was significantly related to consultant agreement with their statements about a student. In essence, teachers like the process more if you agree with them! Assessing the effects of entry information (videotape on issues in consultation) on Problem Identification Interviews, Martens et al. (1989b) noted that, although there were minimal effects on verbal interactions, awareness of issues enhanced consultant-consultee agreement early in the process.

Recently, Martens et al. (1991) compared the effects of two consultant summarization statements, summaries of content (validation/clarification of teacher statements about a student) and of affect (validation of teacher's feelings about a student). As expected, increased use of content summaries resulted in increased consultee agreement. In addition, increases in affective summaries facilitated consultees speaking more about their feelings concerning student problems. In a related study exploring verbal and nonverbal behaviors, Benes et al. (1991) found that, although the vast majority of nonverbal behaviors during Problem Identification Interviews were positive (a range of 73 to 99%), almost 40% of verbalizations were made while either consultants or consultees were exhibiting negative nonverbal behaviors.

Overall, this behavioral consultation research continues Bergan's work and reflects a narrowly conceptualized but systematic examination of communication. Results relate specifically to face-to-face verbal interactions and generally ignore

contextual factors. A summary of these and other findings relevant to consultants working with students with behavioral disorders are reported in Figure 1.

1. The Problem Identification Interview is the most important stage of behavioral consultation. If the problem behavior is specifically described and identified, then the likelihood of successful intervention also increases (Bergan & Tombari, 1976).

2. The language of behaviorism helps shape consultee verbalizations (Tombari & Bergan, 1978).

3. Contingent consultant verbal praise to teachers after they've praised students will increase the probability that teacher-to-student praise will continue (Cossairt et al., 1973).

4. Behavioral consultation is largely an "expert model" and the consultant-consultee hierarchy is maintained in verbal behavior (Erchul, 1987; Witt et al., 1991).

5. Consultee satisfaction is related to consultee-consultant agreement on a student's problems (Martens et al., 1989a).

6. If a consultant uses content summaries for clarification, then consultees are more likely to agree with them throughout the discussion. Affective summaries result in consultees speaking more frequently about their feelings concerning a student's problem (Martens et al., 1991).

7. Based on preliminary data, a supportive and collaborative relationship with other professionals can be maintained without sacrificing intervention effectiveness (Conoley & Conoley, 1982).

8. Communication on student background (Safran & Barcikowski, 1984) and interventions (Witt, Moe, Gutkin, & Andrews, 1984) should be done in a straightforward manner devoid of jargon.

Figure 1. *Important findings in verbal communication research.*

REPORTS FROM THE FIELD

School Climate and Culture

While the research in behavioral consultation and communication has contributed valuable information to the field, it predominantly reflects situations outside the reality of school culture. Attempting to remediate this deficiency and incorporate school cultural factors, Gutkin and colleagues addressed consultant, consultee, and organizational variables and their effect on consultation services (Bossard & Gutkin, 1983; Gutkin & Bossard, 1984; Gutkin, Clark, & Ajchen-

baum, 1985). For example, school psychology student consultants provided a short inservice, then were available at their practicum sites two half-days per week to collaborate with any interested teachers. Results indicated that school factors (principal style and consultee experience) indeed impacted on *attitude* more than did consultant skill (Gutkin & Bossard, 1984). Further, an authoritarian principal style was associated with a "closed" school climate and impeded consultation; actual *utilization* of the consultant service was also effected by consultant personality and skill (Bossard & Gutkin, 1983). This is consistent with previous findings that suggest principal and/or power structure support is germane to the success of any innovative programing (Male, 1982; Sarason, 1971).

Factors Common to Successful Programs

In order to most accurately reflect the state of consultation, it is critical to investigate programs in place in schools. Despite the paucity of fully field-based reports, the following have the distinction both of being implemented by regular school employees as well as possessing an evaluation component. While the success cited is largely anecdotal per open-ended survey response (Adams & Cessna, 1991; Howell, 1991; Male, 1991), Fuchs and Fuchs (1989) and Tindall, Shinn, Walz, and Germann (1987) have incorporated more specific data-based measures. Comments will be organized according to factors reported by the authors as contributing to the success of the programs.

1. *Valuing of Communication by All Involved Professionals.* Each of the programs demonstrated a genuine appreciation of the role of communication in the collaboration process. Through preliminary and ongoing training, as well as the allocation of meeting time (arranged by hiring substitute teachers), schools demonstrated their commitment to creating an environment where communication among teachers was both a logistical possibility and respected component of the process.

2. *Cultural Commitment.* Cultural commitment can be simply defined as a shared belief system and common conceptual framework within a school. Gaining widespread cultural espousal of *inclusion through the communication/collaboration process* was intrinsic to these five programs. Extensive preliminary planning and training was geared toward promoting this commitment, although Fuchs and Fuchs (1989) and Tindall et al. (1987) only trained special educators. Administrative support and necessary resources, both in consultation time and supportive classroom materials, were accessible. Adams and Cessna (1991) suggested that the factor most responsible for success was genuine schoolwide affirmation of the program philosophy.

3. *Designated Population.* Each of the five school-based programs was designed to serve a specific designated population. Tindall et al. (1987) reported on the effects of Mainstream Consultation Agreements for secondary students. Only those deemed moderately academically *discrepant* (generally LD or EMR) and not severely impaired or behaviorally disordered were eligible for the program. While the Academic Intervention Model in an Illinois middle school (Howell, 1991) allowed for both learning disabled and nonclassified at-risk type students, those with motivation or behavior problems were particularly excluded. The Colorado model (Adams & Cessna, 1991; Adams & Cessna, undated) was designed to serve classified students with mild/moderate special needs, while two prereferral collaboration programs had only nonclassified *outside*

special education (Male, 1991) or difficult-to-teach students (Fuchs & Fuchs, 1989). It appeared critical to the reported success of these programs that they maintain services for some specifically delineated — though different — student population, rather than attempting a universal utilitarianism. It is also notable that students with behavioral disorders, presumably due to disruptive behaviors and resistance by regular education teachers, were exempt from all programs.

4. *Collaboration as Supplemental, Not Supplantive.* The collaborative measures for special needs students (Adams & Cessna, 1991; Howell, 1991; Tindall et al., 1987) were intended to supplement, but not necessarily supplant, direct services. A "menu," with multiple selection options rather than a continuum of service options, remained available to each student according to individual need. Involvement did *not* preclude receiving direct instruction from special educators. Tindall et al. (1987), Howell (1991), and Adams and Cessna (1991) all credited their option packages as important program components. This seems especially relevant in light of comments by Braaten, Kauffman, Braaten, Polsgrove, & Nelson (1988) on the immutable need for a wide range of placement and service delivery options for students with behavioral disorders.

5. *Voluntary Participation.* Participation in a collaborative effort was not mandated in any of the schools, at least for the regular educators. Classroom teacher preferences for or against participation in Mainstream Consultant Agreements or the Colorado collaboration effort were honored (Adams & Cessna, 1991; Tindall et al., 1987). The Academic Intervention Model program also relied on voluntary regular teacher involvement (although the intention is full participation; Howell, 1991), and Fuchs and Fuchs (1989) relied on "willing recruits." It is important to note, however, that the meaning of *volunteer* varies across schools. Did the decision to participate thereby imply true acceptance of the collaboration or who personally liked the consultant? Or was it a reflection of the power, inferred or overt, within the school, that established collaboration as the only viable alternative? Interestingly, only Fuchs and Fuchs (1989) recognized the role that personal relationships might play by pairing regular and special teachers by reciprocal agreement.

RESEARCH IN BEHAVIORAL DISORDERS

It is notable that students with behavioral disorders were conspicuously absent in any of the model collaboration programs the present authors identified. Generally, research in consultation, communication, and students with behavioral disorders is limited to the topics of teacher expectations (Safran, 1982; Safran, Safran, & Orlansky, 1982) and the effects of consultant feedback (Mace, Cancelli, & Manos, 1983). Safran et al. (1982) investigated whether a consultant's positive or negative information influenced undergraduates' expectations for an acting-out student viewed on a videotape. Unlike their ratings for the students who were typical or hearing impaired, no differences in expectations were found. In a follow-up using videotapes of both a withdrawn and acting-out student, Safran (1982) uncovered similar results and concluded that the effects of the information were likely negated because of the extreme nature of the behavior. In a study similar to Cossairt et al. (1973), Mace et al. (1983) discovered that consultant feedback and praise increased teacher use of educational materials and student achievement, and improved target behavior.

In sum, these studies provide us with limited insight into the consultation communication process and students with behavioral disorders. It is also appar-

ent that the scarcity of published research reflects the resistance of general education to enter into collaborative ventures to serve students with behavioral disorders — ostensibly due to concerns about disruptive behavior and behavior management difficulties. This, the authors believe, is the central issue that hampers these efforts, with ownership of the problem, by design, remaining in the hands of special services personnel.

CONCLUSION

In this review, the authors have reported communication research in school-based consultation and available field-based reports, and have summarized the few studies in behavioral disorders. Behavioral consultation research is largely micro-analytic in character, providing insight into consultant-consultee interactions (see Figure 1), but is largely isolated from the complex realities of daily life in the schools (J. S. Safran, 1991). Researchers are now beginning to analyze collaborative field-based programs (see Fuchs & Fuchs, 1989; Fuchs, Fuchs, & Bahr, 1990; Tindall et al., 1987); however, these studies are complex and extremely difficult to design using empirical methodologies. In addition, the authors found a paucity of studies in behavioral disorders, suggesting an unwillingness by general education personnel to work collaboratively with professionals who serve these students.

Given our current knowledge, there are several implications for service delivery which apply to students with behavioral disorders. First, *communication must be valued* beyond the typical short conversation in the teacher's lounge, and considered as an integral program component. Time must be allocated for the sharing of ideas and brainstorming on interventions that can be implemented across all placements. Relatedly, a *cultural commitment* to educating students with behavioral disorders, in the regular classroom whenever possible, needs to be promoted extensively. This involves including administrators, regular educators, and other school/community members in planning and training. Third, since successful school programs have been *population specific*, emphasizing the social, behavioral, and academic goals closely related to students with behavioral disorders and implementing programs around those goals is suggested. Fourth, *collaboration should be supplemental, not supplantive*. Existing services along the continuum should not be eliminated but added to, particularly given the resistance on the part of general educators to integrate students with behavioral disorders. However, programs should be designed with the terminal goal of reintegration to the greatest extent possible. Fifth, *voluntary participation*, at least initially, should be the ideal; in reality, this may prove to be the greatest obstacle to creating collaborating programing for students with behavioral disorders.

In closing, the authors know little about the communication process in school-based consultation specific to students with behavioral disorders, but have been able to suggest guidelines based on the general literature. Many unanswered questions remain including the existence and effectiveness of systemwide communication networks, whether jointly negotiated intervention strategies are being implemented appropriately, and if there are specific types of school environments which encourage communication. Further, the development of more university/field-based partnerships (see Fuchs & Fuchs, 1989), as well as dissemination of unreported information from existing programs, would provide essential elements for program development.

REFERENCES

Adams, L., & Cessna, K. (1991). Designing systems to facilitate collaboration: Collective wisdom from Colorado. *Preventing School Failure, 35*, 43-47.

Adams, L., & Hulsart, R. (undated). *The development of the Colorado service delivery model for students with mild/moderate needs: Perceptions of participating school staff members*. Denver: Colorado State Department of Education.

Alpert, J., & Yammer, M. D. (1983). Research in school consultation: A content analysis of selected journals. *Professional Psychology: Research and Practice, 14*, 604-612.

Benes, K. M., Gutkin, T. B., & Kramer, J. J. (1991). Micro-analysis of consultant verbal and nonverbal behavior. *Journal of Educational and Psychological Consultation, 2*, 133-149.

Bergan, J. R., Byrnes, I. M., & Kratochwill, T. R. (1979). Effects of behavioral and medical models of consultation on teacher expectancies and instruction of a hypothetical child. *Journal of School Psychology, 17*, 307-316.

Bergan, J. R., & Neumann, A. J. (1980). The identification of resources and constraints influencing plan design in consultation. *Journal of School Psychology, 18*, 317-323.

Bergan, J. R., & Tombari, M. L. (1975). The analysis of verbal interactions occurring during consultation. *Journal of School Psychology, 13*, 209-226.

Bergan, J. R., & Tombari, M. L. (1976). Consultant skill and efficiency and the implementation and outcomes of consultation. *Journal of School Psychology, 14*, 3-14.

Bossard, D., & Gutkin, T. B. (1983). The relationship of consultant skill and school organizational characteristics with teacher use of school-based consultant services. *School Psychology Review, 12*, 50-56.

Braaten, S., Kauffman, J. M., Braaten, B., Polsgrove, L., & Nelson, C. M. (1988). The regular education initiative: Patent medicine for behavioral disorders. *Exceptional Children, 55*, 21-27.

Conoley, J. C., & Conoley, C. W. (1982). The effects of two conditions of client-centered consultation on student teacher problem descriptions and remedial plans. *Journal of School Psychology, 20*, 323-328.

Cossairt, A., Hall, R. V., & Hopkins, B. L. (1973). The effects of experimenter's instructions, feedback, and praise on teacher praise and student attending behavior. *Journal of Applied Behavior Analysis, 6*, 89-100.

Curtis, M. J., & Watson, K. L. (1980). Changes in consultee problem clarification skills following consultation. *Journal of School Psychology, 18*, 210-221.

Daniels, T. D., & DeWine, S. (1991). Communication process as target and tool for consulting intervention: Rethinking a hackneyed theme. *Journal of Educational and Psychological Consultation, 2*, 303-322.

Erchul, W. P. (1987). A relational communication analysis of control in school consultation. *Professional School Psychology, 2*, 113-124.

Fuchs, D., & Fuchs, L. S. (1989). Exploring effective and efficient prereferral interventions: A component analysis of behavioral consultation. *School Psychology Review, 18*, 260-279.

Fuchs, D., Fuchs, L. S., & Bahr, M. W. (1990). Mainstream assistance teams: A scientific basis for the art of consultation. *Exceptional Children, 57*, 128-139.

Gutkin, T. B., & Bossard, M. D. (1984). The impact of consultant, consultee, and organizational variables on teacher attitudes toward consultation services. *Journal of School Psychology, 22*, 251-258.

Gutkin, T. B., Clark, J. H., & Ajchenbaum, M. (1985). Impact of organizational variables on the delivery of school-based consultation services: A comparative case study approach. *School Psychology Review, 14*, 230-235.

Howell, P. (1991). Taking AIM to assist middle school students with special needs. *Preventing School Failure, 35*, 37-42.

Hoy, W. K. (1990). Organizational climate and culture: A conceptual analysis of the school workplace. *Journal of Educational and Psychological Consultation 1*, 149-168.

Mace, F. C., Cancelli, A. A., & Manos, M. J. (1983). Increasing teacher delivery of contin-

gent praise and contingent materials using consultant feedback and praise. *School Psychology Review, 12,* 340-346.

Male, M. (1991). Effective team participation. *Preventing School Failure, 35,* 29-35.

Male, R. A. (1982). Consultation as an intervention strategy for school counselors. *School Counselor, 30,* 25-30.

Martens, B. K., Deery, K. S., & Gherardi, J. P. (1991). An experimental analysis of reflected affect versus reflected content in consultative interactions. *Journal of Educational and Psychological Consultation, 2,* 117-132.

Martens, B. K., Lewandowski, L. J., & Houk, J. L. (1989a). Correlational analysis of verbal interactions during the consultative interview and consultees' subsequent perceptions. *Professional Psychology: Research and Practice, 20,* 334-339.

Martens, B. K., Lewandowski, L. J., & Houk, J. L. (1989b). The effects of entry information on the consultation process. *School Psychology Review, 18,* 225-234.

Medway, F. J. (1982). School consultation research: Past trends and future directions. *Professional Psychology, 12,* 288-295.

Polsgrove, L., & McNeil, M. (1989). The consultation process: Research and practice. *Remedial and Special Education, 10,* 6-13, 20.

Revels, O. H., & Gutkin, T. B. (1983). Effects of symbolic modeling procedures and model status on brainstorming behavior. *Journal of School Psychology, 21,* 311-318.

Safran, J. S. (1991). Communication in collaboration/consultation: Effective practices in schools. *Journal of Educational and Psychological Consultation, 2,* 371-386.

Safran, S. P. (1982). Resource consultant communication and teacher expectations of behaviorally disordered children. *Behavioral Disorders, 8,* 25-31.

Safran, S. P. (1991). The communication process and school-based consultation: What does the research say? *Journal of Educational and Psychological Consultation, 2,* 340-370.

Safran, S. P., & Barcikowski, R. S. (1984). LD consultant information in mainstreaming: Help or hindrance? *Learning Disability Quarterly, 7,* 102-107.

Safran, S. P., Safran, J. S., & Orlansky, M. D. (1982). The effects of prior information upon perceptions of exceptional children. *Contemporary Educational Psychology, 7,* 384-394.

Sarason, S. (1971). *The culture of the school and the problem of change.* Boston: Allyn & Bacon.

Tindall, G., Shinn, M., Walz, L., & Germann, G. (1987). Mainstream consultation in secondary settings: The Pine County model. *Journal of Special Education, 21,* 94-106.

Tombari, M. L., & Bergan, J. R. (1978). Consultant cues and teacher verbalizations, judgments, and expectancies concerning children's adjustment problems. *Journal of School Psychology, 16,* 212-219.

Witt, J. C. (1990). Collaboration in school-based consultation: Myth in need of data. *Journal of Educational and Psychological Consultation, 1,* 367-370.

Witt, J. C., Erchul, W. P., McKee, W. T., Pardue, M. M., & Wickstrom, K. F. (1991). Conversational control in school-based consultation: The relationship between consultant and consultee topic determination and consultant outcome. *Journal of Educational and Psychological Consultation, 2,* 101-116.

Witt, J. C., Moe, G., Gutkin, T. B., & Andrews, L. (1984). The effect of saying the same thing in different ways: The problem of language and jargon in school-based consultation. *Journal of School Psychology, 22,* 361-367.

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The Culturally Sensitive Disciplinarian

Thomas McIntyre

ABSTRACT

Given the increasing cultural diversity of the schoolage population, teachers must become more aware of cultural differences in behavior. This article addresses some of these differences and recommends behavior management modifications.

Since their inception, our schools have changed from predominantly white institutions to multicultural environments. While the 25 largest school systems have a student population comprised mostly of minority students (National Information Center for Children and Youth with Handicaps, 1988), nonurban areas are also seeing such developments (Alston, cited in Armstrong, 1991). By the year 2000, one-third (Grossman, 1990) to one-half (Wilson, 1988) of America's school students will be from a minority group.

At present, 92% of the teaching force is from the white majority culture. This figure will increase to 95% by the turn of the century (Henry, 1990). The contrast in cultural background between teachers and students applies to an even greater extent in special education where minority youth are overrepresented in various programs for the disabled including those for pupils with emotional or behavioral disorders (Chinn & Hughes, 1987; Viadero, 1992). Much of this phenomenon may be attributable to the mismatch between the expectations present in the students' homes and those of the school environments (Almanza & Moseley, 1980; Grossman, 1990).

Behavioral patterns and actions considered to be abnormal vary by culture (Light & Martin, 1985; Toth, 1990). When educators and their charges come from different backgrounds, it can be expected that each will often display behaviors different from those in the other's culture. Given that most individuals truly understand only their own culture and find it difficult to appreciate behavior culturally different from their own (Garcia, 1978; Grossman, 1990; McIntyre, 1992), there is a strong chance that teachers will misinterpret their pupils' culturally-based behavior as requiring a referral for special education or at least disciplinary action (Foster, 1986; Grossman, 1990; Hanna, 1988). Indeed, children who display culturally diverse behaviors, especially recent immigrants (Sugai, 1988), are particularly susceptible to diagnosis for behavioral disorders (Hanna, 1988; Sugai & Maheady, 1988).

Cultural Differences in Behavior

A lack of appreciation and tolerance for cultural differences is often found among educators. These teachers expect their students to adopt majority culture behaviors overnight, denying the validity of centuries of cultural practice. "The teacher's expectation is that the student should be compliant, docile, and responsive to authority. The student is expected to conform to a standard of

behavior that the teacher is familiar with, the compliant child standard that was indicative of the teacher's upbringing" (Dent, 1976, p. 178). These teachers are at risk for reacting to culturally determined behavior in ways that are insensitive, inappropriate, counterproductive, or offensive to students and their culture.

As an example of culturally disrespectful intervention, consider that in the majority American culture a child is expected to look at the authority figure when being disciplined. Lowered eyes are associated with deceit or inattention (Armstrong, 1991; Grossman, 1990). To gain eye contact, the instructor may lift the student's chin and say, "Look at me when I'm talking to you." The educator may not realize that in many Asian, African-American, and Hispanic homes, children are taught to lower their eyes when being disciplined as a sign of respect and submission (Armstrong, 1991; Grossman, 1990; Nine-Curt, 1976). *Assertive Discipline* (Canter & Canter, 1976) and other behavior management systems that recommend gaining eye contact while disciplining unknowingly fail to respect the behavior promoted in the student's home environment. Additionally, the teacher probably fails to realize that direct eye contact by these students during disciplinary situations typically indicates defiance rather than respect (Grossman, 1990; Hanna, 1988). The educator may also not realize that many culturally diverse children smile during disciplinary situations, not to express defiance, but rather, due to anxiety, appeasement attempts or confusion as to why the instructor is confronting them (Henkin & Nguyen, 1981; Nine-Curt, 1976).

Minority students are often penalized by teaching methods which contrast with their culturally based preferred style of learning (Blackorby & Edgar, 1990). Consider, for example, the individualistic and competitive environment of the typical classroom which works against the more cooperative learning style common among Hispanics, African-Americans, and Native Americans (Brendtro, Brokenleg, & Van Bockern, 1991; "CASSP national workshop," 1988; Grossman, 1990). While displaying their culture's helpfulness, brotherhood, or generosity, students may assist their peers or allow them to copy their answers, not considering this to be "cheating" (Grossman, 1984). If criticized for doing this in front of their peers or made to compete against their will, these pupils may rebel against such treatment or withdraw from further attempts to succeed in school or relate to their teachers (Grossman, 1990). Majority culture educators may then use their own culturally based disciplinary behavior: removing affection (Grossman, 1984). However, this reaction is less commonly found in the students' culture and may not gain the desired results (Grossman, 1984).

Other traditional methods of promoting positive classroom behavior such as checks, gold stars, sweets, and prizes may also be less effective with Hispanic and other learners. The reason, explains Grossman (1984, pp. 37 and 40), is that "Hispanics tend to be more interested in and dependent on the approval of others than Anglos who are more likely to be receptive to more impersonal and materialistic forms of recognition." Instead, teachers should use praise, hugs, pats on the back, and other personal contact. They should also stress that Hispanic students' families will be proud of them and share the honor of their accomplishments. This particular strategy might also be useful in motivating Arab and Asian students who wish to bring pride to their families (Nydel, 1987; Wei, 1984).

While touch is often recommended as a reinforcement procedure, especially for cultural groups that use a great deal of bodily contact, it may be contra-indi-

cated for some Asian students. Those whose heritage was influenced by Confucianism view the body as being more sacred as one approaches the area of the head where the soul is believed to reside (Kaczor, 1988). Given this wide body spacing and the lack of touch between Asian individuals (Yao, 1980), teachers should avoid certain actions that are used to motivate and reinforce Hispanic, Arabian, and African-American students (e.g., hair mussing, placing hands on the shoulder, back slapping).

While the majority culture places great emphasis on promptness and working diligently on task (Althen, 1988), most other groups have a more flexible view of time (Nine-Curt, 1976; Sung, 1987). As a result, minority students may be late to school or might not complete classroom work as quickly as their majority culture peers. They may be viewed as being "off task" and tersely told to "get to work." When rushed, or told to stop working before completion of that assignment in order to begin the next task with their peers, the students may resist, appearing to misbehave (Grossman, 1984).

Other groups may also be negatively affected by the demands of the traditional school setting. A teacher's expectations for quiet, nonactive student behavior would be in opposition to the more active and emotionally outspoken contributory styles of Arabian students (Nydel, 1987). This can result in the students' behavior being viewed as inappropriate. A similar learning style is frequently evident among African-American pupils who show attention and cognitive involvement with vocal responses, exuberance, and physical movement (Gay, 1975; Ogbu, 1988). Teachers oftentimes consider these students to be inattentive, restless, disruptive, or hostile (Gay, 1975), and evidencing "an attitude" (Gilmore, 1985). They may impose disciplinary procedures rather than incorporating spontaneity, performance, and audience reaction into their lessons.

Another common misunderstanding involves a teacher who explains a task to an Asian student and then asks if the directions are understood. Although the student says "yes", upon later review the teacher finds that the instructions were not comprehended. He or she is perplexed by the apparent dishonesty of the student, unaware that the pupil may have been attempting to "save face" (Woo, 1985). Among the Asian cultures there is a commonly held belief that one should avoid conflict or public embarrassment which would shame not only the individuals involved, but by extension, their families (Henkin & Nguyen, 1981; Leung, 1988; Wei, 1984). The student in the testing situation may have been trying to prevent the dishonor or humiliation of admitting that he or she was incapable of understanding the directions (Woo, 1985), or perhaps the pupil was trying to avoid humiliating the teacher for not having done a good job of explaining the task (Wei, 1984). These students may also fail to volunteer answers during class discussions for fear of giving an incorrect response (Henkin & Nguyen, 1981; Woo, 1985).

The same applies to the "pow-wow" (Hobbs, 1966) in which a student's report on whether he or she has achieved preselected goals is followed by peer commentary as to whether they agree. This could be quite uncomfortable for Asian students as they might publicly "lose face" if goals have not been attained.

Therefore, teachers should not assume that the less direct and more subdued behavior common in the Asian cultures is indicative of "sneakiness" or noncompliance. While penalizing the student for this behavior is inappropriate, any shame and embarrassment is compounded when public reprimands such

as those in the warning system recommended in *Assertive Discipline* (Canter & Canter, 1976) are used (Jones, 1991). Listing the student's name, followed by checkmarks indicating recurring misbehavior, may cause Asian students (and many Arabian students whose families also place great emphasis on family honor) to "lose face." A private rather than public critique of behavior is the intervention of choice.

Contrary to the facesaving behavior promoted by certain cultures, other groups provide an upbringing which may increase the likelihood of teacher-student conflict. For example, in the Hispanic culture which tends to be male dominant (Arredondo, 1991; Devore & Schlesinger, 1987), adolescent boys may resist complying with commands from female educators (Grossman, 1984). With these students, cooperation is best gained through nonauthoritative methods which request rather than demand compliance (Grossman, 1984).

Defiance may also be demonstrated to a great extent by low income urban African-American youth whose parents often teach them to fight to avoid being victimized in their tough neighborhoods (Hanna, 1988; McIntyre, 1991, in press). Growing up in these areas is more likely to produce traits that impede success in school (e.g., a more physical style of action, a greater approval of the use of violence, less disguised aggression, lack of subtlety in verbiage, and ridiculing of others; Hanna, 1988; McIntyre, 1991, in press). These behaviors and the previously mentioned learning style differences may explain why African-American youth receive one-third of the corporal punishments (Quality Education for Minorities, 1990), are twice as likely as whites to be suspended (Gibbs, 1988), and are suspended for longer periods than whites (Gibbs, 1988).

Few teachers realize that African-American, Mexican-American, Native Hawaiian, and Native American youth are often under great pressure from their peers *not* to achieve in school (Gollnick & Chinn, 1990; Hanna, 1988; Ogbu, 1990). Individual success in schooling or professions is viewed as inappropriate if the group does not also advance (Fordham, 1988; Ogbu, 1990). For many students merely attending school is viewed as evidence of rejection of their culture (Fordham, 1988; Ogbu, 1990). For others, misbehavior is a strategy of resistance to being pressured to think and act "white" in the schools (Fordham, 1988; Gibson, 1988; Ogbu, 1988, 1990; Quality Education for Minorities, 1990). Because of the peer pressure, those who strive for academic excellence may feel the need to camouflage their academic efforts (Fordham, 1988).

This rejection of schooling may result in disciplinary action or referral for behavior disorders services. Teachers can best assist and support these students by using private disciplinary action (and even allowing usually compliant students to misbehave at times), modifying instruction to better match their culturally determined learning styles, allowing them to downplay accomplishments, and avoiding public recognition unless approved by them (McIntyre, in press). Teachers can expect that these students might not respond well to public praise and rewards for actions which may be perceived as "acting white."

Even devoid of racial influences, defiant and aggressive behaviors occur more often in the lower socioeconomic stratum (McIntyre, in press; Strom, 1965). As a result of harsh and inconsistent home discipline (Hanna, 1988; Horton & Hunt, 1976), low income urban pupils may have developed an escape and avoidance reaction style to discipline, or come to view physical punishment as a sign of caring (Rosenfeld, 1971; Silverstein & Krate, 1975). They may be confused by the subtle and supportive behavior management practices of mid-

dle-class teachers (Hanna, 1988; Harrison-Ross & Wyden, 1973).

While some educators support corporal punishment in the belief that these students are best disciplined by a style to which they are accustomed (Bauer, Dubanoski, Yamauchi, & Honbo, 1990), most middle-class oriented educators believe in permissiveness and an appeal to reason. The first group's methods are ineffective because schools cannot offer aversive consequences as severe as those at home. The second group fails to realize that lower-class youth have a different frame of reference regarding discipline that involves physicalness and toughness (Foster, 1986; McIntyre, in press). These youth "test" teachers to see if they can "make" the youth behave (Foster, 1986) and come to view whites and middle-class minorities as passive and weak if they cannot do so (Hanna, 1988). Implementing a structured behavior management approach in which predetermined penalties are consistently administered for violations of clearly stated rules gives one "clout" and influence. However, this should still be blended with reinforcement for appropriate behavior in order to promote a positive classroom climate.

The emphasis on positiveness also applies to working with Native American students. The imposition of authority in a demanding or demeaning manner typically results in passive resistance and withdrawal on the part of these pupils (Hurlburt, Gade, & McLaughlin, 1990; Kleinfeld, 1972). An appeal to their good nature and the use of appropriate reinforcement is more productive than coercive or confrontational strategies (Brendtro et al., 1991).

The same principle applies for Arabian-American students. As in the Hispanic and Native American cultures, frank criticism may be perceived as a personal insult (Nine-Curt, 1976). Best practice includes indirect criticism mixed with encouragement and praise regarding any positive points or expectations that were met (Nydel, 1987).

Recommendations

It is imperative that educators practice respect for culturally different behavior. Instead of viewing behavior as *right* or *wrong*, it is best judged by how well it is suited to the demands of the educational environment (although schools must also assess how well they are meeting the needs of their culturally diverse populations). To better serve their charges, educational personnel need to develop an awareness of how cultural background affects the way one behaves, and conversely, how one perceives and judges the behaviors of those not like oneself.

As Light and Martin (1985, p. 43) point out, "An understanding of cultural expectations and roles can contribute to the development of child management techniques specifically designed to eliminate value differences between a child's family, the school system, and the larger society." By working *with* rather than *against* a culture, any student resentment about having to behave differently in school can be managed (Grossman, 1990). One recommendation regarding discipline which pertains to all groups is to be positive rather than negative or confrontational. A skilled, culturally sensitive behavior manager entices rather than coerces students into proper behavior (Bauer et al., 1990).

For students from African-American, Hispanic, Native American, and Arabian cultures which place greater emphasis on socializing and bodily contact than the white and Asian cultures (Kleinfeld, 1972; Nine-Curt, 1976; Nydel, 1987), teachers can increase their effectiveness by displaying more "warmth" (Kleinfeld, 1972). This involves reinforcing students via the use of touch, hugs,

smiles, and closer body spacing. When discipline is necessary, because of their desire to socialize with peers, timeout may be especially effective with these pupils (Hanna, 1988).

In order for our schools to become more culturally sensitive in their disciplinary practice, changes will need to be implemented at each educational stratum (McIntyre, 1992). Teacher training institutions must assume the larger share of the burden of imparting cultural information. At this level, it can be assured that future teachers will study this information and be guided in its use in practicum settings. Generally, however, university programs in education are not presenting this information (Garcia, 1978; Yates, 1988). Before teacher trainers can impart information regarding cultural characteristics, instructional modifications, and culturally sensitive behavior management practices, they must first educate themselves in this area.

Schools can promote cultural understanding in a number of ways ranging from conducting inservice sessions with national level consultants or local civic leaders of particular cultures to hiring individuals from minority groups who are able to communicate information across cultures (Armstrong, 1991). Additionally, schools might provide services to culturally diverse students to assist them in becoming *cultural chameleons* capable of displaying *school behavior* if their culturally-based actions interfere with educational achievement or interaction with others. This is not an easy decision for educators and the community at large who must wrestle with the issue of whether to promote and/or teach majority culture behaviors to the student population. Caught in the horns of a cultural dilemma, they must decide whether to chance making one culture look preferable to another or hazard impairing students' future employability by failing to expose them to the expectations of the typical workplace.

If it is deemed necessary to teach white behavior, this can be accomplished via specially designed lessons perhaps utilizing activities from published social skills curricula. Students would then role-play common situations. Career education lessons that focus on the benefits of being able to display office behavior might also be planned.

Paramount at the classroom level, however, is the creation of an atmosphere of cultural tolerance and acceptance. Students of all ethnic cultures need to feel valued, respected, and psychologically and physically safe. This is accomplished by proactively adapting one's classroom management study to the students' culturally-based characteristics (Grossman, 1990).

Finally, it is imperative that professional organizations concerned with cultural diversity and behavioral disorders focus more on culturally-based differences in behavior and culturally sensitive behavior management practices in their publications and conference planning.

Conclusions

Teachers oftentimes create much of the misbehavior about which they complain. Via modification of traditional behavior management procedures one can create a productive classroom environment that values the culture of one's students (Jones, 1991). When educators are knowledgeable of and able to critically examine differences in culturally-based behavior, they can be more confident that all students are being treated fairly and respectfully.

REFERENCES

Althen, G. (1988). *American ways*. Yarmouth, ME: Intercultural Press.

Almanza, H., & Moseley, W. (1980). Curriculum adaptions and modification for culturally diverse handicapped children. *Exceptional Children, 46*, 608-614.

Armstrong, L. (1991, March 20). Census confirms remarkable shifts in ethnic makeup. *Education Week*, pp. 1, 16.

Arredondo, P. (1991). Counseling Latinas. In C. Lee & B. Richardson (Eds.), *Multicultural issues in counseling: New approaches to diversity* (pp. 143-156). Alexandria, VA: American Association for Counseling and Development.

Bauer, G. B., Dubanoski, R., Yamauchi, L. A., & Honbo, K. M. (1990). Corporal punishment and the schools. *Education and Urban Society, 22*, 285-299.

Blackorby, J., & Edgar, E. (1990). A third of our youth? A look at the problem of high school dropout among mildly handicapped students. *Journal of Special Education, 24*, 506-510.

Brendtro, L. K., Brokenleg, M., & Van Bockern, S. (1991). The circle of courage. *Beyond Behavior, 2*(1), 5-12.

CASSP national workshop identifies culturally specific needs of minority children with emotional handicaps. *Focal Point, 3*(1), 5-6.

Canter, L., & Canter, M. (1976). *Assertive discipline: A take-charge approach for today's educator*. Los Angeles: Canter & Assoc.

Chinn, P., & Hughes, S. (1987). Representation of minority students in special education classes. *Remedial and Special Education, 8*(4), 41-46.

Dent, H. L. (1976). Assessing Black children for mainstream placement. In R. L. Jones (Ed.), *Mainstreaming and the minority child* (pp. 77-91). Reston, VA: The Council for Exceptional Children.

Devore, W., & Schlesinger, E. G. (1987). *Ethnic-sensitive social work practice* (2nd ed.). Columbus, OH: Merrill.

Fordham, S. (1988). Racelessness as a factor in Black students' school success: Pragmatic strategy or pyrrhic victory? *Harvard Educational Review, 58*(1), 54-84.

Foster, H. (1986). *Ribbin', jivin', and playin' the dozens*. New York: Ballantine.

Garcia, R. (1978). *Fostering a pluralistic society through multi-ethnic education*. Bloomington, IN: Phi Delta Kappa.

Gay, G. (1975, October). Cultural differences important in the education of Black children. *Momentum*, pp. 30-33.

Gibbs, J. B. (Ed.). (1988). *Young, Black, and male in America: An endangered species*. New York: Auburn House.

Gibson, M. (1988). *Accommodation without assimilation: Sikh immigrants in an American high school*. Ithaca, NY: Cornell University Press.

Gilmore, P. (1985). Gimme room: School resistance, attitude, and access to literacy. *Journal of Education, 167*, 111-128.

Gollnick, D., & Chinn, P. (1990). *Multicultural education in a pluralistic society*. Columbus, OH: Merrill.

Grossman, H. (1984). *Educating Hispanic students: Cultural implications for instruction, classroom management, counseling, and assessment*. Springfield, IL: C. C. Thomas.

Grossman, H. (1990). *Trouble-free teaching: Solutions to behavior problems in the classroom*. Mountain View, CA: Mayfield.

Hanna, J. (1988). *Disruptive school behavior: Class, race, and culture*. New York: Holmes & Meier.

Harrison-Ross, P., & Wyden, B. (1973). *The Black child*. Berkeley, CA: Medallion.

Henkin, A., & Nguyen, L. (1981). *Between two cultures: The Vietnamese in America*. Saratoga, CA: Rand.

Henry, W. (1990, April 9). Beyond the melting pot. *Time*, p. 28.

Hobbs, N. (1966). Helping disturbed children: Psychological and ecological strategies. *American Psychologist, 21*, 1105-1115.

Horton, P., & Hunt, C. (1976). *Sociology* (2nd ed.). New York: McGraw-Hill.
Hurlburt, G., Gade, E., & McLaughlin, J. (1990, May). Teaching attitudes and study attitudes of Indian education students. *Journal of American Indian Education*, pp. 12-18.
Jones, V. (1991). Responding to students' behavior problems. *Beyond Behavior, 2*(1), 13-16.
Kaczor, B. (1988, December 20). Military course helps avoid cross-cultural clashes, gaffs. *Saint Petersburg Times*, p. 6B.
Kleinfeld, J. (1972). *Effective teachers of Indian and Eskimo high school students.* Anchorage: University of Alaska, Institute of Social, Economic, and Government Research.
Leung, E. (1988). Cultural and acculturational commonalities and diversities among Asian Americans: Identification and programming considerations. In A. Ortiz & B. Ramirez (Eds.), *Schools and culturally diverse exceptional students* (pp. 86-95). Reston, VA: The Council for Exceptional Children.
Light, H., & Martin, R. (1985). Guidance of American Indian children. *Journal of American Indian Education, 25*(1), 42-46.
McIntyre, T. (1991). Understanding and defusing the streetcorner behavior of urban Black socially maladjusted youth. In R. B. Rutherford, Jr., S. A. DiGangi, & S. R. Mathur (Eds.), *Severe behavior disorders of children and youth* (Vol. 14, pp. 85-97). Reston, VA: Council for Children with Behavioral Disorders.
McIntyre, T. (1992). A primer on cultural diversity for educators. *Multicultural Forum 1*, 6, 13.
McIntyre, T. (in press). Teaching urban behavior disordered youth. In R. Peterson & S. Ishii-Jordan (Eds.), *Behavior disorders in the context of culture and community.* Boston, MA: Brookline.
National Information Center for Children and Youth with Handicaps. (1988). *Minority issues in special education: A portrait of the future.* Washington, DC: Author.
Nine-Curt, C. (1976). *Nonverbal communication in Puerto Rico.* Cambridge, MA: National Assessment and Dissemination Center for Bilingual/Bicultural Education.
Nydel, M. (1987). *Understanding Arabs.* Yarmouth, ME: Intercultural Press.
Ogbu, J. (1988). Class stratification, racial stratification, and schooling. In L. Weiss (Ed.), *Class, race, and gender in American education* (pp. 163-180). Albany, NY: State University of New York Press.
Ogbu, J. (1990). Minority education in comparative perspective. *Journal of Negro Education, 1*, 45-57.
Quality Education for Minorities. (1990). *Education that works: An action plan for the education of minorities.* Cambridge, MA: Massachusetts Institute of Technology.
Rosenfeld, G. (1971). *Shut those thick lips! A study of slum school failure.* New York: Holt.
Silverstein, B., & Krate, R. (1975). *Children of the dark ghetto: A developmental psychology.* New York: Praeger.
Strom, R. (1965). *Teaching in the slum school.* Columbus, OH: Merrill.
Sugai, G. (1988). Educational assessment of culturally diverse and behavior disordered students: An examination of critical effect. In A. Ortiz & B. Ramirez (Eds.), *Schools and culturally diverse exceptional students* (pp. 63-75). Reston, VA: The Council for Exceptional Children.
Sugai, G., & Maheady, L. (1988, Fall). Cultural diversity and individual assessment for behavior disorders. *Teaching Exceptional Children*, pp. 27-31.
Sung, B. (1987). *The adjustment experience of Chinese immigrant children in New York City.* Staten Island, NY: Center for Migration Studies.
Toth, M. K. (1990). *Understanding and treating conduct disorders.* Austin, TX: Pro-Ed.
Viadero, D. (1992, April 29). New definition of 'emotionally disturbed' sought. *Education Week*, p. 24.
Wei, T. (1984). *Vietnamese refugee students: A handbook for school personnel.* Cambridge, MA: Lesley College (EDAC).

Wilson, R. (1988, May 4). Bennett notes improvement of schools in past 5 years but paints bleak portrait of U.S. education in report. *Chronicle of Higher Education*, p. A 29.

Woo, J. (1985). *The Chinese-speaking student: A composite profile*. New York: Hunter College, Bilingual Education Multifunctional Support Center.

Yao, E. (1980). Implications of biculturalism for the learning process of middle-class Asian children in the United States. *Journal of Education, 61*(4), 61-72.

Yates, J. (1988). Demography as it affects special education. In A. Ortiz & B. Ramirez (Eds.), *Schools and culturally diverse exceptional students* (pp. 1-5). Reston, VA: The Council for Exceptional Children.

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Challenges to Generalization in Adults with Severe Disabilities

Belva Collins, C. Michael Nelson, and Colleen Ryall

ABSTRACT

Generalization of treatment effects has been a significant challenge to applied researchers and practitioners who work with persons of all ages who have disabilities. This article describes and discusses several issues involving generalization programing based on the authors' studies with adults exhibiting severe disabilities.

The generalization of desired behavior changes (i.e., newly learned skills or social behaviors) from treatment or instructional settings to other settings where such behaviors are expected is a fundamental concern of professionals working with persons having disabilities. While an impressive technology of empirically validated generalization strategies has emerged in the applied behavior analysis literature (Stokes & Baer, 1977; Stokes & Osnes, 1986), the failure to achieve generalization of treatment effects has been referred to as an "albatross" around the necks of applied behavior analysts (O'Leary & O'Leary, 1976). As Hayes, Rincover, and Solnick (1980, p. 283) state, "one might argue that generality is not so much an essential aspect of applied behavior analysis as it is one of the foremost challenges to it." For an acquired skill to be considered functional or useful, the learner must be able to generalize the skill across situations that include novel settings, persons, and materials.

Three types of generalization have been defined. *Stimulus generalization* refers to the transfer of behaviors learned in one setting or in the presence of special discriminative stimuli (SDs) to settings or in the presence of stimuli where they have not been taught. *Response generalization* is used to indicate changes occurring in untreated behaviors that are related to those targeted for intervention. *Response maintenance* means the continuation of behavior in treatment settings after intervention contingencies have been withdrawn (Rutherford & Nelson, 1988). Stimulus generalization is what is commonly meant (and what is desired) when referring to the generalization of behavior changes.

Because attempts to establish generalized behavior changes frequently require complex and time-consuming procedures, research data concerning the generalization of behavior has accumulated at a slower rate than research evidence regarding the acquisition and maintenance of behavior in treatment settings. Nevertheless, an extensive literature has developed around the topic of generalization, leading to what Stokes and Baer (1977) described as "an implicit technology of generalization." Stokes and Baer derived nine generalization strategies from the applied behavior analysis research literature: train and hope; sequential modification; introduce to natural maintaining contingencies; train sufficient exemplars; train loosely; use indiscriminable contingencies; program common stimuli; mediate generalization; and train to generalize. In their review

of 270 applied behavior analysis studies, Stokes and Baer reported that the most frequent generalization strategy was train and hope, or simply assessing and reporting unplanned generalization effects.

Rutherford and Nelson (1988) used rigorous selection criteria to identify 87 research articles reporting 103 studies involving generalization and maintenance of behavior changes in children and adults. These articles were drawn from a pool of approximately 5,300 articles published in 15 applied journals between 1977 and 1986. Based on their survey, Rutherford and Nelson concluded that less than 1% of the 5,300 published research articles systematically programed for the generalization of treatment effects across settings, trainers, responses, or time. They also found that train and hope and sequential modification procedures (which Stokes and Baer assert are not true generalization tactics) were the primary strategy in almost half of the studies they reviewed. However, the studies they analyzed did suggest some strategies for successful programing of generalization of treatment effects and pointed out some factors that may limit or impede successful transfer of these effects.

As shown in the table below, Stokes and Osnes (1986, 1988) reconceptualized the original set of 9 strategies, classifying 11 true generalization strategies under three principles of generalization. The first principal, **take advantage of natural communities of reinforcement,** refers to tapping into the reinforcers available in generalization settings. Three strategies address this principle. The first strategy, *teach relevant behaviors,* means to teach behaviors that will be functional (i.e., will be reinforced) in generalization settings; this is known as the "trapping effect." Second, if naturally available reinforcers are supporting undesired behaviors, it may be necessary to *modify environments supporting undesired behaviors* through altering social reinforcement contingencies, for example. The third strategy is to *recruit natural communities of reinforcement* through teaching subjects to solicit reinforcement from others in the setting or through establishing a dependent group-oriented contingency.

The second principle is to **train diversely,** that is, to arrange training and reinforcement conditions to cover the range of circumstances that might occur in generalization settings. Five strategies are related to this principle. *Train sufficient stimulus exemplars* involves introducing a variety of SDs in the presence of which target behaviors are reinforced. For example, nondisabled peers can be SDs for desired social responses. The next strategy, *train sufficient response exemplars,* refers to teaching more than a single correct response, such as teaching several ways to initiate a social interaction. *Train loosely* means that training should involve the least tightly controlled but effective circumstances, so that conditions in generalization settings are more likely to support target behaviors. *Use indiscriminable contingencies* involves the use of intermittent and even random schedules of reinforcement. *Reinforce unprompted generalization* suggests that persons present in generalization settings must be aware of target behaviors and reinforcement procedures so they can adequately support these responses.

The third principle, **incorporate functional mediators,** involves taking advantage of discriminative stimuli present in both training and generalization settings. The three strategies related to this principle include *use common physical stimuli, use common social stimuli,* and *use self-mediated stimuli* such as prompts, instructions, or reminders that subjects can administer to themselves.

TABLE 1

*Strategies for Facilitating Generalization**

1.0	Take advantage of natural communities of reinforcement	
	1.1	Teach relevant behaviors
	1.2	Modify environments supporting undesired behaviors
	1.3	Recruit natural communities of reinforcement
2.0	Train diversely	
	2.1	Train sufficient stimulus exemplars
	2.2	Train sufficient response exemplars
	2.3	Train loosely
	2.4	Use indiscriminable contingencies
	2.5	Reinforce unprompted generalization
3.0	Incorporate functional mediators	
	3.1	Use common physical stimuli
	3.2	Use common social stimuli
	3.3	Use self-mediated stimuli

*Stokes & Osnes, 1986, 1988

Thus, with regard to research involving generalization, modest advances have been achieved in the applied literature. At the same time, however, development of generalization technology has not kept pace with other areas of applied research. Compared with research involving children, the application of this technology to adult populations is less well-developed, although in Rutherford and Nelson's (1988) review, 15 of 57 studies involving subjects with moderate to severe disabilities included participants 17 years of age or older. For example, successful generalization of skills in adults with severe handicaps has been reported using in vivo and general case instruction to teach dressing (Day & Horner, 1985) and pedestrian skills (Horner, Jones, & Williams, 1985), and in using a one-to-one training package that included role-modeling and prompting to teach initiating requests in the workplace (Agran, Salzberg, & Stowitschek, 1987).

Two recent investigations have applied documented strategies for facilitating generalization to adult populations with mixed results. In the first investigation, Collins, Nelson, and Schuster (in press) investigated the use of multiple exemplars that sampled the range within the context of in vivo instruction to teach three adults with severe disabilities (one of whom also was diagnosed as having a severe behavior disorder) to respond to the lures of strangers. Daily probes for generalization were conducted prior to in vivo training comprised of multiple exemplars of lure types, strangers, settings, staff, and time. While the adults acquired the correct response (walk away within 3 seconds in the direction of a safe individual) during training sessions, they failed to generalize consistently the response to novel exemplars during realistic probe sessions. Thus, the acquired response was not considered functional or sufficient to protect those individuals from potential danger.

In the second investigation, Ryall (1992) studied the effects of peer-mediated reinforcement in an instructional setting on patterns of staff and peer interactions in a generalization setting. Participants were adult males with moderate to severe mental retardation and severe behavior disorders. The setting

was a day treatment program for adults with developmental and behavioral disabilities. Although three of the four participants showed changes in their interaction patterns following introduction of the treatment package, the variability of the data and multiple treatment interferences made it impossible to attribute changes to the intervention alone. Participants appeared not to discriminate among staff, the peer who delivered reinforcement in the training setting, and other peers who were present in the generalization setting.

These two investigations suggest that adults with severe disabilities differ from other populations in ways that may provide extra challenges to generalization. While many of the threats to generalization may not be specific to an adult population, they tend to be amplified by the longevity of adult history. If adults have lived and worked in a sheltered environment, they may not have a history of systematic instruction that is considered state-of-the-art practice in contemporary special education classrooms. In addition, limited exposure to community settings may serve to counteract the control of behavior by discriminative stimuli in these environments. Also, their history of expected performance and reinforcement (even if inadvertent) may combine with the severity of their disabilities to impede generalization.

The purpose of this present article is to discuss factors effecting generalization from the perspective of the above two studies conducted with adults with severe disabilities (Collins et al., in press; Ryall, 1992) and to stimulate further research in the facilitation of generalization with adult populations exhibiting severe disabilities.

THREATS TO GENERALIZATION WITH ADULT POPULATIONS

Rutherford and Nelson (1988) presented three categories of factors that may limit the successful generalization of treatment effects to nontreatment settings: (a) failure to program natural components found in generalization settings (social and physical stimuli, reinforcement contingencies) into the treatment plan; (b) features of certain single subject research designs (i.e., reversal and multiple baseline designs) that mitigate against the demonstration of generalization; and (c) the limitations of data collection in generalization settings. These constraints apply to research with both adults and children. However, persons working with adult populations must deal with other factors that limit generalization of treatment gains. These include the more lengthy and complex reinforcement history of adults, the personal characteristics of adult learners, particular ethical considerations, characteristics of treatment or instructional settings, strategies involving the use of multiple exemplars, the social validity of generalization data, and the transfer of stimulus control. Each of these factors is discussed separately.

Reinforcement History

Skinner (1953, 1969) noted that one's reinforcement history or previous experience with consequences maintaining behaviors may effect the acquisition of new skills. Adults, by virtue of their age, have a lengthier reinforcement history that may counteract the generalization of newly acquired skills.

One approach to this problem is to create a new, competing reinforcement history. This tactic is involved in the strategy that Stokes and Osnes (1986) define as modifying environments supporting undesired behaviors. However, certain environmental variables (e.g., reinforcement contingencies in general-

ization settings) may be difficult to change. Likewise, it may be unrealistic to expect individuals to readily develop a new pattern of responding when they have been reinforced for an opposing pattern of responding for a number of years. If the schedule of reinforcement has been intermittent and variables in the environment have contributed to maintenance of a behavior, the pattern of responding most likely will be even more resistant to change. A reinforcer powerful enough to overcome the influence of these historical factors is needed, yet may be difficult to find. For example, adults who have been reinforced (e.g., receiving new personal items, experiencing positive social interactions, participating in reinforcing activities) over a number of years for going with appropriate strangers (e.g., social workers, volunteers) may have difficulty discriminating strangers who potentially could be harmful. Praise for resisting the lure of a stranger is less tangible and potent than personally gratifying reinforcement received in the past. Also, adults who have a long history of social reinforcement from staff but little or no such history with their peers are less likely to engage in social interactions with peers in settings where contingencies have not been arranged to differentially reinforce such interactions.

Personal Characteristics of the Learner

The longer chronological history of adults sets the occasion for greater variability in their personal characteristics. These characteristics effect their responses to treatment variables, making it necessary for staff to individualize treatment contingencies along many dimensions. Variability may occur in physical characteristics or in adaptive functioning, making it necessary to train sufficient response exemplars (Stokes & Osnes, 1986) that can effectively replace the typical response. For example, an individual who is diabetic may crave sugar, increasing the power of something sweet as a lure offered by a stranger. Since the physical desire cannot be changed, it may be necessary to attempt to weaken the stimulus control of the lure (e.g., reinforcing the client with a diet soda for resisting a regular soda). In addition, individual differences in adaptive functioning (e.g., communication deficits, the lack of particular social skills) may inhibit instruction, again making it necessary to teach sufficient alternative response exemplars. For example, adults who in training settings are taught to interact with peers having intact communicative skills must be taught to adapt their social initiations to peers in generalization settings who have minimal receptive or expressive communicative abilities.

Ethical Considerations

Ethical considerations may prohibit the use of potentially powerful stimuli and consequences that occur naturally in the generalization setting and could facilitate generalized responding (Stokes & Osnes, 1986). Because of the likelihood that realistic but aversive stimuli and consequences may have detrimental side effects to the individual, their strength may have to be diluted by using stimuli and consequences that are more socially acceptable within the context of training. For example, although a stranger brandishing a weapon may be a natural and powerful enough stimulus to cause an individual to perform the desired response (i.e., turn away and run), using such a stimulus would be undesirable. Such training may result in undesirable side effects, such as nightmares or a generalized avoidance response, or in the acquisition of a false concept (e.g., that only frightening strangers have the potential for harm). The least danger-

ous assumption (Donnellan, 1984) during training should be that if an individual will respond to weak stimuli, stronger stimuli also will produce the desired response.

Simulation as an Adjunct to In Vivo Instruction

In vivo instruction takes advantage of natural consequences and variables within the environment (Stokes & Osnes, 1986) that may facilitate generalization. When daily in vivo instruction is not practical, an effort should be made to program for common physical and social stimuli (Stokes & Osnes, 1988). It has been empirically validated that, when necessary, instruction within a classroom setting can be an effective alternative for the sole use of in vivo instruction (Nietupski, Hamre-Nietupski, Clancy, & Veerhusen, 1986).

A corresponding viewpoint is that simulation prior to in vivo instruction may actually facilitate the acquisition of a generalized response (Gast, Collins, Wolery, & Jones, in press). For adults who have little experience in community settings or who have attention deficits that indicate control of behavior by competing stimuli, it may be desirable to offer initial instruction within a setting where distractions can be controlled before practicing the response in a naturalistic setting. At the same time, care should be taken to ensure the presence of critical stimuli within both the simulation and in vivo settings. Similarly, if training occurs in a limited time period in a special setting but participants spend much more time together in the generalization setting, the contingencies that control social interactions in the generalization setting may be expected to prevail.

Systematic Variation of Exemplars

While general case instruction using exemplars that sample the range is an important component of instruction for ensuring generalization (Day & Horner, 1985; Horner et al., 1985; Sprague & Horner, 1984), varying the exemplars of more than one class of stimuli at a time may disrupt learning. Continuity between stimuli present in training and probe conditions helps the individual learn to discriminate the critical similarities and differences in the stimuli present in each setting. For example, in training a response to the lures of strangers, the individual must learn to respond to multiple exemplars of lure types, strangers, and settings. Varying the exemplars of only one of these classes of stimuli at a time may facilitate generalization by enabling the individual in training to master only one critical aspect to criterion before introducing the next. Naturally occurring variations among social stimuli (e.g., bids for social attention) constitute numerous classes of exemplars. Therefore, practitioners must experiment with optimum strategies for varying stimulus and response exemplars in generalization programing involving social behaviors.

Social Validity Probes

The results of some studies reporting generalization of skills with adults having disabilities should be viewed with caution. Even when stimulus generalization involves settings that have been programed (e.g., a "stranger" has been trained to give corrective feedback if the individual fails to reject his or her lure), it is important that generalization be assessed with noninstructional variables to ensure that a functional skill has been acquired. For example, Collins et al. (in press) conducted a final probe to assess responding to lures using a stranger,

setting, and lure that were realistic, novel, and differing in critical characteristics from any stimuli that had been used during the study. When this generalization probe was administered, only one of the three subjects met criterion for resisting the lure. In addition to being novel and sampling the range of possible stimuli, generalization probes should reflect situations or settings that are most likely to be encountered by the individuals in training and that caregivers see as relevant to their living situations. For example, Horner et al. (1985) measured the ability of participants in pedestrian skill instruction to cross streets in their home neighborhoods following criterion performance to other designated generalization settings. Generalization settings must be thoroughly and carefully assessed to determine which learner behaviors are functional in which settings and to identify discriminative stimuli and reinforcement contingencies present in these settings.

Stimulus Control

As pointed out by Rutherford and Nelson (1988), features of single subject research designs may inhibit generalization. Efforts to establish stimulus control may prohibit instruction that "trains loosely." Extremely "tight" stimulus control of participant behaviors, via response contingencies and prosthetic social environments, is needed to establish a functional relationship between responses and independent variables. However, this degree of stimulus control often mitigates against the effective generalization of treatment gains. It is necessary that steps be taken to facilitate the transfer of stimulus control from the training to the generalization condition within the context of the research design. The reinforcement schedule is one variable that should be considered. If the schedule of reinforcement delivery during training contrasts with the schedule occurring naturally in the generalization setting, the schedule in the instructional setting must be adjusted to inhibit subjects' tendencies to respond differentially across settings. While reinforced probe conditions may facilitate performance, they do not provide a true representation of the real world in which the response must be performed.

CONCLUSIONS AND IMPLICATIONS FOR FURTHER RESEARCH

Several conclusions can be drawn regarding the challenges of facilitating generalization in adult populations with severe disabilities. First, reinforcement history appears to play a much greater role in the generalization of adult performance than is the case with children. Therefore, reinforcers must be identified that are powerful enough to overcome the effects of an existing reinforcement history, and their delivery must be contingent only upon desired behaviors in both treatment and generalization settings. The implications of these requirements for the training of treatment providers in generalization settings are obvious. Alternately, behaviors that will trap available reinforcement in generalization settings may be trained, but this also requires that effective reinforcers be available in these settings. It also demands that persons controlling these reinforcers deliver them on schedules resembling those that have been used in training. The strategy of reinforcing unprompted generalization involves the least effort on the part of staff in generalization settings, but they still must watch for the occurrence of target behaviors and deliver the appropriate reinforcer expeditiously.

Second, treatment environments often involve SDs and reinforcement contingencies that interfere with stimulus generalization. As Rutherford and Nelson

(1988) observed, the demonstration of a functional relationship between independent and dependent variables may impose so much control over subjects' responding that generalization suffers. Such variables as novel exemplars, systematic instruction, and tight stimulus and participant response control should be balanced against the need to develop a generalization plan. The strategies involved in training loosely should be considered when the aim is to improve client functioning in generalization settings. Although the research involving in vivo versus simulated settings is far from conclusive, direct training in generalization settings may be beneficial with some clients. When training is conducted in simulated settings, functional stimulus and response mediators that are common to both settings should be selected.

Third, it is imperative that those who work with children and youth with severe disabilities and behavior disorders begin longitudinal planning for transition to adulthood that includes strategies that facilitate the generalization of desired behaviors. The history that is acquired during the early years of education affects the ability to generalize in adulthood.

Finally, clients often are not taught "to generalize" as a target behavior. In spite of limitations in functioning (e.g., physical or mental disability), what is expected of clients in probe or generalization settings must be made clear. There is no substitute for careful assessment of generalization settings and for planning generalization programs that take into account such variables as the presence (or absence) of novel persons and the extent of stimulus control over client behavior. Each of these issues merits future research as generalization technology is expanded to incorporate individuals from a broader array of populations. If the goal of instruction is independent functioning, the challenge of facilitating generalized responding across populations is an issue that cannot be ignored or taken for granted.

REFERENCES

Agran, M., Salzberg, C. L., & Stowitschek, J. J. (1987). An analysis of the effects of a social skills training program using self-instructions on the acquisition and generalization of two social behaviors in a work setting. *Journal of the Association for Persons with Severe Handicaps, 12,* 131-139.

Collins, B. C., Nelson, C. M., & Schuster, J. W. (in press). Teaching a generalized response to the lures of strangers to adults with severe handicaps. *Exceptionality.*

Day, H. M., & Horner, R. H. (1985). Response variation and the generalization of a dressing skill: Comparison of single case instance and general case instruction. *Applied Research in Mental Retardation, 7,* 189-202.

Donnellan, A. (1984). The criterion of the least dangerous assumption. *Behavioral Disorders, 9,* 141-150.

Gast, D. L., Collins, B. C., Wolery, M., & Jones, R. (in press). Teaching children with developmental delays to respond to the lures of strangers. *Exceptional Children.*

Hayes, S. C., Rincover, A., & Solnick, J. V. (1980). The technical drift of applied behavior analysis. *Journal of Applied Behavior Analysis, 13,* 275-285.

Horner, R. H., Jones, D. M., & Williams, J. A. (1985). A functional approach to teaching generalized street crossing. *Journal of the Association for Persons with Severe Handicaps, 10,* 71-78.

Nietupski, J., Hamre-Nietupski, S., Clancy, P., & Veerhusen, K. (1986). Guidelines for making simulation an effective adjunct to in vivo community instruction. *Journal of the Association for Persons with Severe Handicaps, 11,* 12-18.

O'Leary, S. G., & O'Leary, K. D. (1976). Behavior modification in the school. In H. Leitenberg (Ed.), *Handbook of behavior modification and behavior therapy* (pp. 475-515).

Englewood Cliffs, NJ: Prentice-Hall.

Rutherford, R. B., Jr., & Nelson, C. M. (1988). Generalization and maintenance of treatment effects. In J. C. Witt, S. N. Elliott, & F. M. Gresham (Eds.), *Handbook of behavior therapy in education* (pp. 277-324). New York: Plenum.

Ryall, C. (1992). *The effects of peer mediated reinforcement on the generalization of task performance and social interactions of adults with mental retardation and behavior problems.* Doctoral dissertation in preparation, University of Kentucky.

Skinner, B. F. (1953). *Science and human behavior.* New York: Macmillan.

Skinner, B. F. (1969). *Contingencies of reinforcement: A theoretical analysis.* New York: Appleton-Century-Crofts.

Sprague, J. R., & Horner, R. H. (1984). The effects of single instance, multiple instance, and general case training on generalized vending machine use by moderately and severely handicapped students. *Journal of Applied Behavior Analysis, 17,* 273-278.

Stokes, T. F., & Baer, D. M. (1977). An implicit technology of generalization. *Journal of Applied Behavior Analysis, 10,* 349-367.

Stokes, T. F., & Osnes, P. G. (1986). Programming the generalization of children's social behavior. In P. S. Strain, M. J. Guralnick, & H. J. Walker (Eds.), *Children's social behavior: Development, assessment, and modification* (pp. 407-443). Orlando, FL: Academic Press.

Stokes, T. F., & Osnes, P. G. (1988). The developing applied technology of generalization and maintenance. In R. H. Horner, G. Dunlap, & R. L. Koegel (Eds.), *Generalization and maintenance: Life-style changes in applied settings* (pp. 5-19). Baltimore, MD: Brookes Publishing.

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